

COVID-19 Return-to-Work Training Attestation

I understand and agree that I must complete this training before I may return to work on campus; I also acknowledge, understand, and agree to the following:

I have a continuing obligation to self-monitor for any symptoms or conditions as described on the Health Form and Screening Checklist on a daily basis, and before I begin work each day, and I will do so before arriving to campus to begin work.

If any symptoms or other conditions change, I am required to immediately update the Health Form.

I acknowledge, understand, and agree that I may be subject to Corrective Action or other discipline under applicable SMU Policies if I fail to truthfully answer the questions on the Health Form, update the information as required, or otherwise fail to comply with SMU's daily screening and other requirements set forth in the training.

In the event that I must submit the Health Form, I understand submission of the Health Form does not supersede or replace any current SMU policies and procedures regarding medical leave, vacation, or time reporting.

If I have questions regarding the Health Form I will consult my supervisor or the SMU Department of Human Resources.

By submission of this Health Form to SMU, I acknowledge, understand, and agree that submission of any information to SMU on this form is being made in accordance with state and local orders and regulations as a condition of my ability to safely return to work at SMU, during the current COVID19 pandemic. I understand that any information I submit or disclose to SMU regarding my personal health may be subject to federal and state laws regarding my right to privacy of my medical and health information. I further acknowledge, understand, and agree that SMU may use any information I submit only for the limited purposes of identification and management of workplace health risks related to the COVID-19 pandemic. I understand that SMU will keep this information confidential and will not release any information I submit on this form to third parties without my prior written consent, except as required by law.

Further, I acknowledge, understand, and agree, that I have a continuing obligation to self-monitor for any symptoms or conditions as described on the Health Form and Screening Checklist on a daily basis and/or before arriving to campus to begin work and am required to immediately update the Health Form if any symptoms or other conditions change. I acknowledge, understand, and agree that I may be subject to Corrective Action or other discipline under applicable SMU Policies if I fail to truthfully answer the questions on the Health Form, update the information as required, or otherwise fail to comply with SMU's daily screening requirements. Additionally, I understand that submission of this Health Form does not supersede or replace any current SMU policies and procedures regarding medical leave, vacation, or time reporting; if I have questions regarding the Health Form I will consult my supervisor or the SMU Department of Human Resources.

This is a copy of the COVID 19 Return-to-Work Training Attestation. Please complete the [required training](#) to agree to this statement.