



**EMPLOYEE ACKNOWLEDGEMENT OF CONDUCTING SCREENING  
AND REPORTING OF SYMPTOMS**

To try to ensure a safe environment for faculty, staff, students, and visitors during the COVID-19 public health emergency:

1. I understand and acknowledge that Cal Coast Academy may conduct non-invasive health screening, including but not limited to, temperature checks and other non-contact monitoring that may be recommended and updated by the U.S. Centers for Disease Control, Prevention (CDC) and the San Diego County Public Health Services (SDPHS), to ensure the health, welfare, and safety of faculty, staff, students, and visitors, and monitor enforcement of its personnel policies. I consent to temperature checks and other non-invasive monitoring recommended by the CDC, SDPHS, or any other agency at any time that Cal Coast Academy may choose during the COVID-19 public health emergency to help Cal Coast Academy evaluate the risk that an employee's presence poses to others in the workplace as a result of the COVID-19 pandemic.
  
2. As I return to work, I can expect that Cal Cost Academy will protect the privacy and security of my personal information, including any information maintained by Cal Coast Academy's group health plan, in accordance with applicable federal and state laws, including but not limited to the Americans with Disabilities Act ("ADA"), the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Family Medical Leave Act, ("FMLA"), California Department of Public Health ("CDPH"), San Diego County Public Health Services and state and local laws governing the privacy and/or security of personal information, but I also understand and hereby acknowledge that during a public health crisis, should Cal Coast Academy need to disclose any COVID-19-related health information to public health agencies, then such information will be disclosed pursuant to applicable CDC guidance and any other applicable federal, state or local public health reporting requirements and shall be limited to the minimum information necessary to comply with the reporting requirement.
  
3. Also, I hereby acknowledge that should I become aware of a positive COVID-19 test or known COVID-19 exposure of myself either at work or away from work, I will promptly notify Cal Coast Academy and proactively engage in a conversation that could include identifying my known contacts at work who may have been exposed.

DATE:

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EMPLOYEE:

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Signature

\_\_\_\_\_

Name