



Employee Personal Pledge to Prevent the Spread of COVID-19

By signing this document, I _____ pledge to ensure the safety
Print Full Name

of myself, my co-workers, my family, and the community.

I fully agree to:

- Maintain physical distancing practices and stay a minimum of 2 metres away from all people that I am not living with.
- Follow the company's temperature checking procedure (*if applicable*).
- If physical distancing is not possible, I will ensure that I wear a mask and I will ensure that I do not come within 2 metres of anyone who is not wearing a mask.
- Stay home until I receive my COVID-19 test results.
- Inform my supervisor if I test positive for COVID-19 or come in close contact with anyone who has a confirmed or probable case of COVID-19.
- Follow the recommended techniques for hand washing, glove removal and mask usage.
- Stay home if I am feeling ill or show any symptoms of COVID-19.
- Inform my supervisor if I start to feel sick at work.
- Pass the COVID-19 Workplace Screening Checklist before entering the workplace.
- Follow the recommended best practices for personal hygiene.
- Wear all mandated Personal Protective Equipment.
- Follow all COVID-19 related policies.
- Ensure I follow all of my regions mandated and suggested COVID-19 safety policies.

Signature of the Pledgor: _____ Date Signed (MM/DD/YY): _____

Signature of the Witness: _____

This document was created for a business located in Ontario on January 6, 2021. If health guidelines and/or government mandates in your municipality differ from the information in this example, they shall prevail.