****

**Sign-In & Certification Sheet**

By signing below, you certify the following:

* You have taken your temperature within the last 45 minutes and you do not have a temperature over 100.3°.
* You are not currently experiencing a cough, shortness of breath, or difficulty breathing.
* You are not currently experiencing two or more of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell).
* You will adhere to the Company’s social distancing guidelines and COVID-19 safety policies.
* You will wash your hands or sanitize them as often as possible, including upon arrival (and each time you return) to the job site.
* You will sneeze and cough into your elbow.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date | Time In | Time Out | Certification (sign please) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |