

Randolph College Health & Safety Pledge

I acknowledge that I have received a copy of the College's Phased Return to Work document. I will carefully review the protocols and will work diligently to comply with all of the protocols that are applicable to me. I also agree to regularly check the College's coronavirus webpage for updates to the protocols.

I understand that I must complete the online training provided by the College.

I will check my temperature daily and stay home if my temperature is higher than 100.4 degrees or higher.

I will stay home if I have any of the following:

- Fever
 - Chills or shivers
 - Muscle pains or aches (not due to exercise)
 - Cough (worse than usual if you have a daily cough)
 - Shortness of breath or trouble breathing
 - Headache (worse than usual if you have headaches)
 - Sore throat
 - New loss of taste and smell
 - Vomiting or diarrhea
 - Dizziness and lightheadedness
 - Sneezing, runny nose, or congestion (worse than usual if this is common for you)
 - Fatigue that is unusual or more severe than normal
- OR
- A member of my household has a suspected or confirmed COVID-19 infection or I have been in close contact with someone who had a suspected or confirmed COVID-19 infection.

I will practice good hand-washing hygiene (20 seconds with soap and water) and utilize hand sanitizer if hand washing is not an option.

I will practice physical distancing of 6 ft. in and outside campus buildings.

I will wear a face covering as directed by the College.

Read and reviewed the Pledge:

Staff/Faculty Printed Name: _____ Date: _____

Staff/Faculty Signature: _____