



MWRA COVID-19 Self Certification of Health

Employee Health Protection for you and your co-workers

The MWRA is committed to providing a safe and healthful work environment. Therefore, in accordance with guidance provided by the State of Massachusetts, we are implementing a self-certification of health policy. Do not report to work if you are sick! Self-evaluation and certification should begin at home.

If you or someone you have been in close contact with are displaying any of the symptoms consistent with the Covid-19 virus (listed below) or has been diagnosed with the Covid-19 virus, call, text or email your manager as soon as possible. Do not report to work! Do not return to any MWRA site until authorized by MWRA management. If you develop symptoms during your work shift, but do not require emergency assistance, self-isolate immediately (i.e., in your automobile or a locked office) and call, text or email your supervisor immediately for direction. It is also strongly advised that you consult with your physician. Again, you are not to return to a MWRA site until authorized by MWRA management.

COVID-19 Symptoms:

• Fever or chills	• New loss of taste or smell
• Shortness of breath or difficulty breathing	• Sore throat
• Fatigue	• Congestion or runny nose
• Muscle or body aches	• Nausea or vomiting
• Headache	

Self-certify prior to shift

Prior to starting a shift and accessing any MWRA facility, each employee will self-certify that the following statements are true.

Self-Certifying Statements- To the best of my knowledge:	True	False
I have had no signs of a fever or a measured temperature above 100.3 degrees F.		
I have not had symptoms of Covid-19 within the past 24 hours. Symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting.		
I have not had "close contact" with any individual diagnosed or showing symptoms consistent with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.		
I have not been asked to self-isolate or quarantine by a doctor or a local public health official.		

I am certifying that the statements above about symptoms or exposure to COVID-19 are accurate at this time. I understand that each time I access an MWRA facility I am certifying that the above statements are true.

Print Name	Signature	Date

Please return this form to Emily Dallman, Human Resources.