**EXAMPLE COVID-19 Testing Acknowledgement Form**

Executive Directive #18, addressing additional measures to protect our state employees and those they serve from exposure to COVID-19 while in the workplace or while performing public facing duties outside of the workplace or their home, notes several new requirements for agencies and their employees. Employees who do not submit proof of being fully vaccinated for COVID-19 are required to participate in weekly testing for COVID-19 and provide their test results to [Agency Coordinator’s Name, Title] on their assigned testing date.

Please review and sign below:

* I have received [Agency] COVID-19 testing protocols and understand that because I am not fully vaccinated for COVID-19, that I must participate in weekly COVID-19 testing and submit the results as noted above;
* I understand that I may request an accommodation for the testing requirement if I have a documented medical condition/disability or a sincerely-held religious belief that precludes the required testing.
* My weekly test results will be collected and retained by [Agency] in a confidential and secured location. Release of my weekly COVID-19 testing results will be provided to [Agency] managers on a need to know basis and may include my direct supervisor and managers in my chain of command;
* This acknowledgement will be in effect for the duration of Executive Directive 18’s testing requirement; and

• I understand that if I become fully vaccinated against COVID-19, I must submit a new Vaccination Disclosure form and upon submitting proof to [Agency] that I am fully vaccinated (meaning two weeks have passed since receiving the final dose of the vaccine) that I will be removed from the COVID-19 testing requirement.

 My signature below indicates my receipt of Executive Directive 18’s COVID testing requirements and [Agency’s] testing procedures. My signature is intended to acknowledge receipt, it does not imply agreement or disagreement with the COVID-19 testing requirements. NOTE: For refusals to sign this certificate of receipt, the immediate supervisor will be asked to initial this form indicating that the testing information and this form were provided to the employee.

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| Employee Name (first, middle initial and last) | Employee ID Number |

Employee SignatureDate