

IN-PERSON MEETING SELF-CERTIFICATION FORM

The coronavirus (COVID-19) has impacted the way Cucamonga Valley Water District (CVWD) conducts onsite meetings with visitors. If you wish to attend via telephone or video conference, **STOP HERE** and contact your meeting coordinator to request this accommodation.

ATTENDING IN-PERSON:

For COVID-19 contact tracing and the health and safety of all participants (attendees, caterers, etc.), all in-person meetings will require participants to provide personal contact information in the event a participant becomes ill during the meeting or the 14 days after. Everyone must fill out this form to attend the meeting and will be subject to a temperature check upon arrival. If you cannot or do not wish to provide your information, **you may not attend the meeting in-person.**

**Your meeting organizer must receive your form
No less than two (2) hours before the meeting begins.**

All certification forms will be sealed in an envelope, delivered to CVWD’s Human Resources/Risk Management (HR/Risk) division, and kept on file for 30 days. Your self-certification form will be securely stored and meets all patient privacy guidelines under the Health Insurance Portability and Accountability Act (HIPAA). It will only be shared with health officials if the District is notified of potential COVID-19 exposure where participants may have had close contact with the ill person. Health officials will ensure the infected person’s identity remains anonymous if contacting the participants is necessary. After 30 days, the envelope will be discarded in a secured bin for routine document shredding.

<i>Name:</i>	
<i>Address:</i>	
<i>Phone:</i>	

COVID-19 symptoms may appear 2-14 days after exposure:

- Fever (100.4° F or more) or chills*
- New loss of taste or smell*
- Cough*
- Sore throat*
- Shortness of breath or difficulty breathing*
- Congestion or runny nose*
- Fatigue*
- Nausea or vomiting*
- Muscle or body aches*
- Diarrhea*

I certify that I am free from any COVID-19 symptoms listed above. If I exhibit COVID-19 symptoms before the meeting, I will not attend. I also agree that if I develop COVID-19 symptoms during the meeting or the 14 days after, I will contact HR/Risk immediately to initiate contact tracing with local health officials.

Signature

Date