



# COVID-19 Employee High Risk Acknowledgement Form

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**You have indicated that you identify as a High-Risk individual under the CDC guidelines and Utah Leads Together 3.0 plan. The following identify individuals as high-risk:**

- People over the age of 65
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People of any age with severe obesity (body mass index [BMI]>40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

**Park City School District will provide you with Personal Protective Equipment (PPE), to include a reusable mask and disposable gloves. Additional PPE such as N-95/KN-95 mask, face shield and/or barrier may be provided upon request through your immediate supervisor.**

**Please select from the following:**

- \_\_\_\_\_ **The PPE provided by PCSD is appropriate for me to return to work.**
- \_\_\_\_\_ **I will be requesting additional PPE through my supervisor for my return to work.**
- \_\_\_\_\_ **I would like information on other possible options for my return to work.**
- \_\_\_\_\_ **I would like information on requesting an accommodation for a qualifying condition under ADA.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return completed form to [vclaridge@pcschoools.us](mailto:vclaridge@pcschoools.us)**

<p><b>FOR HR USE ONLY:</b></p> <p>Date Received: _____</p> <p>Notes: _____</p>
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