
WAUKEGAN PARK DISTRICT

Employee Wellness Screening

Acknowledgement

I acknowledge that I have received a copy of the Waukegan Park District's Employee Wellness Screening requirements.

I have read this document thoroughly and agree that if there is any provision I do not understand, I will seek clarification from Human Resources.

I agree to conduct a self-screening upon arrival to work and again at mid-shift.

I am aware that I can request the use of a no-touch thermometer to determine if I have a fever of 100.4 degrees Fahrenheit or higher.

I understand that each time I arrive to work at a Waukegan Park District facility and start my work day, I am acknowledging that I have completed a personal wellness screening and can answer "No" to all wellness screening questions.

I understand that by remaining at work and continuing my shift I also acknowledging that I can continue to answer "No" to all wellness screening questions.

I understand that I need to inform my Supervisor immediately if I answer "Yes" to any of the Wellness Screening questions.

I understand that I need to isolate myself or immediately remove myself from the workplace if I answer "Yes" to any of the Wellness Screening questions.

I understand that the failure of an employee to comply may result in discipline up to and including discharge.

The checking of the boxes above and typing in your name and date below will be accepted as a signed acknowledgement which you can forward to sarad@waukeganparks.org

Date: _____

Print Name: _____