

INITIAL INFORMATION FORM

To: Employee or Volunteer who has symptoms, is waiting for testing or test results, has been in close contact with COVID-19 positive case (CDC definition) or has a positive COVID-19 diagnosis.

1. REQUIRED

Please provide a list of individuals (staff, volunteers, participants, or vendors) with whom you came in contact recently in connection with your employment, as well as which buildings you visited during that time. *Contact means closer than 6 feet for a cumulative 15 minutes, or sharing a work space, or if you coughed or sneezed on someone.*

2. REQUESTED BUT OPTIONAL

Employee or Volunteer Disclosure Release

I, _____, voluntarily give my permission and release to Mission Waco Mission World, Inc. to disclose my name and COVID-19 symptoms, testing or test results to staff, volunteers, participants, or vendors due to public health crisis.

_____(initial) This permission and release is given freely and without coercion.

Signature

Date

If signing electronically please type your full name, followed by "e-signed"