March 20, 2020

COVID-19 EMPLOYMENT OPPORTUNITY

_____ (Company Name) has been tasked with providing testing for Novel Coronavirus COVID-19. As part of our attempt to provide work to our staff, we are able to offer the new testing opportunity to you.

However, you understand that participating in this program will likely include close physical proximity to individuals who may have the Novel Coronavirus COVID-19. This may result in your exposure to the virus and possibly, contracting the virus.

If you have any underlying respiratory or other medical conditions, or if you reside with anyone who may suffer from any underlying respiratory or other medical conditions, or the elderly, we advise that you do not accept this opportunity.

By signing this document, you acknowledge that you understand that _____(Company Name) is not responsible for any harm or damages and/or financial damages that may result from contracting the Novel Coronavirus COVID-19 or developing any medical conditions consequently, including loss of work, due to possible quarantine. Further, you acknowledge that you are participating in this program of your free will and choice, knowing the risks involved.

_____	_____
Employee Signature	Supervisor Signature
_____	_____
Employee Name	Supervisor Name
_____	_____
Date	Employer Company Name
	_____
	Date