

**Enclosure 2**

**PROTECTIVE HEALTH MEASURES STATEMENT OF UNDERSTANDING**

As an Employee of the Nebraska National Guard, I understand I have a responsibility to comply with the following protective health measures to protect employees from COVID-19 exposure:

1. Daily self-screening for COVID-19 symptoms and exposure risks using Enclosure 1, COVID-19 Screening Instructions PRIOR to entering the workplace.
2. Report any “yes” responses to the daily screening, or any other potential COVID-19 exposure, to the Medical Case Manager immediately, and notify Supervisor of Case Manager recommendations.
3. Stay home from work if ill or symptomatic and immediately notify Supervisor.
4. Maintain a minimum of six feet of separation from others if at all possible.
5. Wear a cloth facial covering or mask when six feet separation is not possible.

I have reviewed the above protective health measures and Enclosure 1, COVID-19 Screening Instructions and understand that failure to comply with these measures may result in disciplinary or administrative actions.

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*Employee Name*

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*Employee Signature*

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*Date*