

Administrative Services

VENDOR/VISITOR/VOLUNTEER COVID-19 AGREEMENT

Pleasant Valley School District requires all persons accessing district property to be assessed daily prior to entering the workplace for COVID-19. The person's signature below agrees to the following:

- I will assess myself **daily** to look for any of the following new or increasing symptoms in the last 24 hours:
 - Fever or chills
 - Fatigue
 - Sore throat
 - Congestion or runny nose
 - Cough
 - Headache
 - Diarrhea
 - Shortness of breath or difficulty breathing
 - Muscle or body aches
 - Nausea or vomiting
 - New loss of taste or smell
 - The person will ask themselves the following questions:
 - In the last two weeks have I:
 - Had contact with someone diagnosed with COVID-19?
 - Lived in or visited a place where COVID-19 is surging (Note – this does not count Ventura County where school district is located)?
 - I will wear a mask at all times while on district property.
 - I will adhere to all PVSD COVID-19 protocols while on district property.
 - If I become symptomatic within 48 hours after being on district property – I will notify the administrator of the school site I was at.
 - *Optional: With regards to COVID-19, I am (check one)*
 - Unvaccinated
 - Partially Vaccinated
 - Vaccinated
- Note – if you are considered a close contact while on district property, you will need to provide this information to the District Nurse during contact tracing.*

If you cannot agree to any of the requirements above, you may not go onto any district property.

As a vendor/visitor/volunteer that is going to be on district property, when you enter district property, you are attesting to the following:

- You are agreeing to all the requirements above
- You are not experiencing symptoms of or have had exposure to Covid-19
- You do not have a fever higher than 99.5 with a no touch thermometer or 100.4 with other thermometer.

Vendor/Visitor/Volunteer Acknowledgement Agreement

I acknowledge that I have read the above safety and health procedures to prevent the spread of COVID-19. I understand that it is my responsibility to be familiar with and agree to comply with these terms and procedures.

Vendor/Visitor/Volunteer Name - Printed

Vendor/Visitor/Volunteer Signature

Date

Received by

Date Received

