

COVID-19 PREVENTION PLEDGE

**To protect my family, local long-term care residents and
our community, I pledge to:**

- ☐ Stay home if I experience COVID-19 symptoms.
- ☐ Wash or sanitize my hands often.
- ☐ Maintain at least 6 feet of social distance and avoid close contact with people I do not live with.
- ☐ Wear a mask at work, in public settings and around people who do not live in my household.
- ☐ Contact my employer if I encounter a COVID-19-positive person.



Date I took the pledge

My signature

CHCCLYNDEN.ORG