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.
- Get vaccinated as soon as the vaccine is available to me.

Date I took the pledge

My signature