

## **UMD COVID-19 COMMUNITY RESPONSIBILITY PLEDGE**

The University of Maryland is concerned for the health and safety of the entire University community. The nature of the COVID-19 disease is such that actions taken by you affect not only your well-being but the well-being of every person with whom you interact and share the campus and your University worksite. To promote the health and safety of our shared community, we are providing the following important guidance from the Centers for Disease Control and Prevention (“CDC”) and request that you abide by these best practices. Our knowledge and understanding of the COVID-19 virus continues to evolve, and guidance will be updated as appropriate as additional information becomes available. Consequently, the University may modify these expectations at any time and will provide notice in the event such modifications are made. Every effort to keep yourself apprised of changes to the expectations, and to abide by them, is required.

1. I will monitor my health on a regular basis and take reasonable precautions to minimize my exposure to COVID-19 infection. In addition to monitoring other symptoms of possible illness or COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle pain, loss of taste or smell, and/or shortness of breath), I will take my temperature every day to determine whether I have a fever. This self-assessment is required every day that I report to campus or my University worksite, regardless of whether I am sick or well.
2. I will not report to work and will immediately contact my health care provider or, if I do not have and cannot access a healthcare provider, the University’s Health Center nurse line at 301-405-HEAL(4325), if:
  - a. I have been exposed and/or have reason to believe I have been exposed to COVID-19;
  - b. I have a temperature of 100.4 degrees Fahrenheit or greater;
  - c. I am exhibiting other symptoms consistent with COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle pain, loss of sense of smell or taste, and/or shortness of breath); or
  - d. I have been advised by a healthcare professional not to report to work due to actual or possible COVID-19 infection or exposure.
3. I acknowledge and agree that the University may request that I get tested for COVID-19 if I experience symptoms of COVID-19 or have been in close contact with an individual who has tested positive for COVID-19.
4. If I am diagnosed with COVID-19, I will cooperate with the University and state and local health officials to provide necessary information about the individuals with whom I had close contact during the 2-day period prior to experiencing symptoms.
5. I understand that, if I am required to self-isolate or am sick and cannot work for reasons related to COVID-19, I may be eligible for COVID-related leave in addition to paid leave that I have accrued.
6. I acknowledge that, while on campus, I am required to:
  - a. practice good personal hygiene (e.g., wash hands frequently with soap and water or, if soap is unavailable, with hand sanitizer with at least 60% alcohol);
  - b. routinely clean and sanitize my workspace and shared equipment;
  - c. wear a face covering, consistent with University directives and CDC guidance and subject to reasonable accommodation under state and federal law;
  - d. practice physical distancing at all times; and
  - e. adhere to guidelines and recommendations from the CDC, as well as federal, state and local government authorities, to protect my health and the health of the University community.

I have read, understand, and will adhere to the University’s health-and–safety measures, and I understand that my access to campus may be conditioned on my adherence to them.