



NEW MEXICO  
**LAW OFFICES OF THE  
PUBLIC DEFENDER**

Chief Public Defender  
Bennett J. Baur

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## LOPD Employee COVID-19 Health Screening and Disclosure Agreement Form

As a precaution to protect the health, safety and well-being of LOPD co-workers and clients, and pursuant to the Governor's "All Together New Mexico: COVID-Safe Practices for Individuals and Employers" and the LOPD Restoring Services to Clients and Reopening Plan, every employee must monitor their COVID-19 symptoms and risk factors before reporting to work each day. **It is mandatory that all employees complete and submit the "LOPD employee COVID-19 screening form" to [LOPD-HR](#) no later than **June 8, 2020.****

<b>Employee Name:</b>	
<b>Job Title:</b>	
<b>District/Office/Unit:</b>	
<b>Supervisor Name:</b>	
<b>Date:</b>	

### Employee Acknowledgements:

1. I agree that I will immediately disclose by reporting to my direct supervisor, district defender, and the deputy chief at the earliest reasonable opportunity if I experience any of the following COVID-19 symptoms/risk factors:
  - a. Any signs of a fever (feeling "feverish" or a temperature that is elevated for you/100.4 degree Fahrenheit or above), or
  - b. Any signs of respiratory illness, including a cough or shortness of breath, or
  - c. Chills/repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - d. Close contact with a person who is lab-confirmed to have COVID-19

I hereby confirm that I will fully comply with this instruction.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

2. I also agree I will not report in-person to an LOPD office, court, jail or other criminal justice partner's office if I experience any of the following COVID-19 symptoms/risk factors:
  - a. Any signs of a fever (feeling "feverish" or a temperature that is elevated for you/100.4 degree Fahrenheit or above), or
  - b. Any signs of respiratory illness, including a cough or shortness of breath, or

- c. Chills/repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- d. Close contact with a person who is lab-confirmed to have COVID-19

3. I hereby confirm that I will fully comply with this instruction.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

4. I also agree that if I experience any of the above symptoms (answer yes to any of the questions above), I will immediately notify my direct supervisor and submit a request to take leave or telework. I will also contact NMDOH by calling 1-855-600-3453.

5. I hereby confirm that I will fully comply with this instruction.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

6. I agree that if I have had known close contact to a person who has tested positive with COVID-19, I will self-isolate for 14 days.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

7. I agree to notify my supervisor and [LOPD-HR](#) by email if I plan to leave the state of New Mexico.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

8. I hereby confirm that I have fully read and reviewed the LOPD Restoring Services to Clients and Reopening Plan.

Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

**Acknowledgement and Agreement:**

**I have read, understand, and agree to comply with the LOPD COVID-19 Health Screening and Disclosure Agreement.**

\_\_\_\_\_  
**LOPD Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LOPD Employee Printed Name**

\_\_\_\_\_  
**Date**