



## COVID-19 Infection Control Plan

### Participant Self-Attestation

Goodwill of the Olympics & Rainier Region has an established, comprehensive COVID-19 Exposure Control, Mitigation and Recovery Plan. Our plan includes policies regarding the following control measures: PPE utilization, on-site social distancing, hygiene, sanitation, symptom monitoring, incident reporting, site decontamination procedures, safety training for employees, exposure response procedures and post-exposure incident recovery plan. A copy of our plan is provided to all employees and is available to subcontractors, the general public, federal, state and local authorities.

To protect our customers, vendors and donors, COVID-19 policies for Goodwill of the Olympics & Rainier Region have been created in accordance with all recommended Washington State Department of Labor & Industries and Division of Occupational Safety and Health guidelines, in addition to Washington State and the Center for Disease Control (CDC) mandates.

Goodwill verifies the vaccination status of all staff and faculty who do not wear masks or other approved face covering in the workplace, as required and approved by the Department of Labor & Industries (L&I), Washington State Health Department (WSHD) and the Center for Disease Control (CDC).

Participants of Goodwill's programs and services must wear a mask or L&I, CDC, and WSHD approved face covering and adhere to the organization's COVID-19 Exposure Control, Mitigation and Recovery Plan at all times while accessing a Goodwill training facility. Routine cleaning is done after use of space and cleaning products/disinfectants are available for staff to use as needed.

Participants of Goodwill's programs and services may be required to provide further verification of vaccination status by Goodwill, the state, or other local public health officials including viewing participant's CDC vaccination card, state immunization system record, or other documentation.

Vaccination Status (initial next to status):

\_\_\_\_\_ Fully Vaccinated                      \_\_\_\_\_ Not Fully Vaccinated at this time

If vaccinated:

Vaccination Documentary Proof
Name of COVID-19 Vaccine (two-dose or single-dose) authorized for emergency use by the FDA:  
The dates when dose(s) of the COVID-19 vaccine were administered to the participant: First or Single Dose Date: _____  Second Dose Date (if applicable): _____



**CERTIFICATION:** I certify that I read and understand this self-attestation. I certify that the information given by me to Goodwill is true and correct, and that falsification, misrepresentation, or omission on this form (or accompanying documents) may result in the cancelation of services and/or program dismissal.

**Participant**

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Print First and Last Name

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Signature

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Date

**Goodwill Staff Member**

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Print First and Last Name

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Signature

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Date

For additional information about COVID-19 Policies and Procedures, please contact our Safety Risk Manager at 253.573.6641.