



ENDORSEMENT OF APOR

I, _____ representing _____ confirm that
ORGANIZATION REPRESENTATIVE NAME OF ORGANIZATION
_____, who arrived on _____ from _____ is an
NAME OF EMPLOYEE/MEMBER DATE PLACE/S OF ORIGIN
employee/member of our organization and is in the city for work purposes. Our organization takes full responsibility in monitoring our employee/s compliance to public health standards and safety precautions during their stay in the city, pledges to cooperate with the BHERTs and COVID19 Response Teams in ensuring that these standards and precautions are followed and will take appropriate actions wherever necessary or applicable.

Printed Name & Signature
of Organization Representative

GUIDELINES:

- 1) Adherence to public health standards (wearing of face mask & social distancing)
- 2) Whereabouts must be known at all times
- 3) Movement restricted to workplace to place of residence and vice versa only
- 4) Monitoring of temperature and signs of COVID19 infection
- 5) Report to BHERT or Company Nurse (if available) if coughing or colds is experienced
- 6) Compliance of existing local ordinances and guidelines, especially those that are related to the city's COVID19 response