



**Timothy L. Nuvangyaoma**  
**CHAIRMAN**

**Craig Andrews**  
**VICE-CHAIRMAN**

**EMPLOYEE DISCLOSURE**  
**COVID-19 Diagnosis**

I understand that the Tribe is working diligently to control and slow the spread of the coronavirus (COVID-19) on the Hopi reservation and in the Tribe's workplaces. Because the current coronavirus outbreak has created a national and tribal emergency, COVID-19 testing results must be disclosed to protect the public health and are not subject to the privacy protections that may apply to certain medical information. The Tribe will use its best efforts to limit information regarding COVID-19 test results to those individuals with a reasonable reason to know such information.

In the interest of the health and safety of my co-workers and others with whom I may have had contact on my worksite, I am disclosing the results of my COVID-19 Test as follows:

**COVID-19 Test conducted at** \_\_\_\_\_ **on** \_\_\_\_\_  
Facility / Home Test Kit Date

**Negative Results**

**Positive Results**

**Date experiencing symptoms:** \_\_\_\_\_ (indicate N/A if not applicable)

I have tested positive for COVID-19 within the past ninety (90) days and do not need to get tested unless I develop new symptoms.

**Date of previous positive test:** \_\_\_\_\_

In accordance with the Hopi Tribe Personnel Policies & Procedures, if I am found reporting false information, I will be subject to disciplinary action up to and including termination from employment with the Hopi Tribe.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

File: HR Confidential File

**The Employee Disclosure form must be completed and submitted to the Human Resources Director via email at [LPawwinnee@hopi.nsn.us](mailto:LPawwinnee@hopi.nsn.us) or fax to 928-734-6611.**