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LINEAR
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Authorization to Disclose COVID-19 Diagnosis or Exposure

I understand that the Americans with Disabilities Act, the Family Medical Leave Act, and other privacy laws prohibit my employer from disclosing my medical/health information. In the interest of health of my co-workers and others with whom I may have had contact on my worksite, however, I authorize Linear Controls, Inc. to disclose to employees at my worksite and to others, i.e., clients, visitors, customers, whom I may have encountered at my worksite, that I have tested positive for the COVID-19 virus or that I have been exposed to the virus. Linear Controls, Inc. advised me that I am not required to do so and that there would be no adverse consequences to my employment if I chose not to do so. Further, Linear Controls, Inc. did not seek to coerce or pressure me to permit the disclosure.

Employee name: _____

Employee signature: _____

Today's date: _____

SIGNING THIS FORM IS VOLUNTARY