



National Science Foundation

2415 Eisenhower Avenue
Alexandria, Virginia 22314



The United States Antarctic Program – COVID-19 Safety Pledge

I understand that maintaining safe and healthy community conditions is everyone's responsibility, including mine.

I WILL

- call medical staff immediately if I have a fever or any other symptom associated with COVID-19 (including cough, runny nose, new loss of smell or taste, headache, chills, sore throat, shortness of breath, nausea, or vomiting).
- follow USAP and gateway government requirements while traveling to Antarctica and always follow the stricter requirement.
- wear my COVID-19 prevention personal protective equipment (PPE) and observe physical distancing as practical when/where required and expect my co-workers to do the same.
- frequently wash and sanitize my hands at work, in my dorm and when in common areas.
- follow USAP station and vessel requirements while deployed.
- alert my supervisor if I cannot perform my work safely or if I observe unsafe conditions or behaviors.
- support others in my team and make every effort to be part of the solution as I recognize that this is a stressful and overwhelming time for many.

I understand COVID-19 is an easily spread infection that is believed to mainly spread from person-to-person contact. The United States Antarctic Program (USAP) has implemented enhanced health and safety measures, but we cannot guarantee that a visitor will not contract COVID-19 as a USAP participant. My risk of contracting COVID-19 may increase through required USAP travels and/or deployment to Antarctica. By deploying to Antarctica under the USAP, I understand and acknowledge the risks related to COVID-19 exposure.

For the latest CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/>

I understand that breaking this pledge could be considered a Polar Code of Conduct violation. I acknowledge that while it may be challenging, I understand the consequences (and risk to those around me) of not upholding my pledge and I commit fully to the above actions.

The USAP Leadership appreciates your cooperation in doing your part to help reduce the spread of COVID-19.

Participant Name (printed): _____ Organization/Event: _____

Participant Signature: _____ Date: _____