



PO Box 519
Crested Butte, CO 81224
970.349.7231
www.rmbll.org

Name: _____

Emergency Contact

This information will remain confidential and will only be used in the case of an emergency.

Emergency Contact: Please list the person (outside of Gothic) you would like us to contact in the case of an emergency.

Name: _____

Phone: _____

Address: _____

Relation to you: _____

Vulnerable Population Acknowledgement

Colorado defines the following persons as Covid-19 vulnerable:

1. Individuals who are 65 years and older.
2. Individuals with chronic lung disease.
3. Individuals who have serious heart conditions.
4. Individuals who are immunocompromised.
5. Pregnant women; and
6. Individuals determined to be high risk by a licensed healthcare provider.
7. Currently the CDC considers individuals with moderate to severe asthma as vulnerable.

Emerging data, however, currently suggests that asthma does not create complications with the virus. We will let you decide whether you consider your asthma as classifying you as vulnerable.

Please be aware of the risks of working at RMBL and the risks of traveling to Gunnison County. Gunnison experienced high rates of transmission leading to one of the highest infection rates confirmed through testing in the United States, despite most symptomatic individuals not having access to tests. One of the most common serious complications associated with Covid19 is a struggle to breathe. Gunnison's high elevation and low oxygen levels only make this worse. Furthermore, Gunnison County has one hospital with a limited number of beds and no intensive care unit. In a regional epidemic there is no guarantee of beds elsewhere, especially problematic since one of the first standard interventions in Gunnison is to remove individuals struggling to breathe to lower elevations.



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By signing, I am acknowledging that I understand the Colorado definition of Covid-19 vulnerable populations and the inherent risks associated with traveling to RMBL if I belong to a vulnerable population.

Signature: _____ **Date:** _____

Optional

If you would like to self-identify as part of a vulnerable population, please use the space below to inform RMBL Administration.

RMBL's 2020 Summer Operational Plan

RMBL has developed a Covid-19 Operational Plan with the health and safety of researchers and staff as its primary focus. Full participation is required for successful implementation. You can find the full operational plan here: www.rmbll.org/covid19operationalplan

By signing below, I acknowledge that I have read and understand the RMBL Covid-19 operational plan and agree to fully participate in measures to keep myself and others at RMBL safe and healthy.

I also acknowledge that the Covid-19 Operational Plan is subject to change and evolve during my time at RMBL.

Signature: _____ **Date:** _____



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Participation in Daily Symptom Monitoring

RMBL has determined that daily symptom monitoring is an important part of their operational plan.

By signing below, I agree to participate in daily self-monitoring of symptoms and, when requested, to provide proof of participation within 24 hours.

Signature: _____ **Date:** _____

Evacuation Plan

In the event you would need to leave RMBL on short notice, it is important that you have considered the logistics of doing so and have a plan.

By signing below, you acknowledge the potential for evacuating on short notice and have considered the logistics of doing so.

Signature: _____ **Date:** _____