



Attestation

I _____ (print name) attest to the fact that I have not had any of the following symptoms for 48 hours. I have not been exposed to anyone with a positive diagnosis of COVID19 (Corona Virus) to the best of my knowledge.

- 1. Fever of 100 degrees Fahrenheit or higher without medication**
- 2. Shortness of Breath, Cough, Sore Throat**
- 3. Fatigue, Muscle Aches or Chills, Headache**
- 4. Loss of Smell and/or Taste**
- 5. GI Symptoms (Diarrhea, Vomiting, Abdominal Pain)**
- 6. Recent International Travel (within the last 14 days)**

Signature

Date