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