COVID-19 Attestation for Campus Employees

1. In the past 24 hours, have you experienced any of the following symptoms that you cannot attribute to another health condition?
   - New fever or feeling feverish (such as chills or sweating)?
   - New cough?
   - New shortness of breath?
   - New sore throat?
   - New headache?
   - New gastrointestinal symptoms, such as nausea, vomiting or diarrhea?
   - New respiratory symptoms, such as a runny nose or congestion?
   - New fatigue?
   - New muscle pain or body aches?
   - New loss of taste or smell?

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet or closer for cumulative total of 15 minutes or more with an infected person over a 24-hour period, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

If you answer “yes” to any of the above questions:
   - You must stay home or leave the WWU facility at which you are working.
   - Follow your department’s procedure for calling out sick or requesting to work from home. Refer to the Reporting Communicable Diseases policy (PDF) for more information.
   - Contact the Medical Leave/Disability Administrator in Human Resources if appropriate via email or at 360-650-3771.
   - Contact your health care provider for medical guidance.
   - If you have been on campus within the last 24 hours, please email HR.COVID.Assistance@wwu.edu with the building/room locations that you visited so that they may be cleaned.
   - For more information about COVID-19, please visit the WWU coronavirus information page.
Please confirm your understanding of the requirements by marking the following two checkboxes:

☐ I read the above statement.

☐ I attest that prior to coming in to work on today’s date that I DO NOT have any of the above symptoms, nor am I aware that I have been exposed to someone with a confirmed case of COVID-19 who may or may not have these symptoms.

Signature: Date: