

COVID-19 Attestation for Campus Employees

Name (First/Last): _____

Today's Date: _____

_____ I attest that within the last 24 hours that I HAVE NOT had any of the following symptoms (that could not be attributed 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
- New fatigue
- New muscle pain
- New loss of taste or smell

_____ I attest that I have not had a positive COVID-19 test for active virus in the past 10-days nor have I been told to self-monitor, self-isolate or self-quarantine because of COVID-19 infection in the past 14 days.

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