COVID-19 Attestation for Campus Visitors

Welcome to Western Washington University!

Western Washington University requires all persons whom enter Western’s physical locations to complete a daily COVID-19 symptom survey and to follow all health and safety guidelines to prevent the spread of COVID-19.

All visitors **MUST** complete this attestation **EVERY DAY** they enter a Western location.

All fields marked with an * are required to be completed.

Full name *_____________________________________

Email address * ________________________________________________________________________

Phone number *________________________________________________________________________

Todays date * __________________________

Reason to be on campus: _________________________________________________________________

On-campus contact: _________________________________________________________________

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?
   - New fatigue?
   - New muscle pain?
   - 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 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:
   - **DO NOT** come to any Western physical location. If you are on-site, you must leave the facility immediately.
   - Contact your health care provider for medical guidance.

_____ I read the above statement.

_____ I attest that prior to coming to any Western physical location 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.