

COVID-19 Attestation

Employee Name: _____

By coming into the office, I attest to the following, each and every time I come to the office:

- 1) I have not been diagnosed with Covid-19
- 2) I do not have any of the following symptoms:
 - Cough
 - Shortness of breath
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
- 3) No one in my household has been diagnosed with Covid-19 or exhibiting any of the symptoms above.
- 4) I have not had close contact with anyone who has been diagnosed with Covid-19 or exhibiting any of the symptoms above over the last 14 days.
- 5) I will notify my supervisor and immediately go home if I begin to feel ill during the workday.
- 6) If I should be diagnosed with Covid-19, I will immediately let my supervisor know and follow the CDC guidelines before coming back to work.

Employee signature _____