

Employee Health Attestation

I attest (acknowledge or certify) that prior to coming into work on _____:

- I have not been in close contact with a person with a confirmed COVID-19 diagnosis.
- I have not had a temperature of 100.00°F or greater, felt feverish in the last 72 hours or experiences unusual chills (with out without shaking). I have taken my temperature today, prior to coming in, to confirm this.
- I have not experienced any respiratory symptoms including sore throat, cough, shortness of breath, or difficulty breathing.
- I have not experienced any new unexplained headaches or muscle pain.
- I have not experienced any new loss in my sense of taste or smell.
- I have not experienced any new changes in my gastrointestinal system such as unexplained diarrhea.

| | | |
|------------|------|-----------------|
| Print Name | Date | Sign or Initial |
|------------|------|-----------------|

Notes regarding contacts, vehicles used, and buildings visited:

Employees shall maintain their own copy of this record. Departments/Divisions shall not have the employee turn in a copy nor maintain a copy.