

COVID-19 Self-Screening Attestation

St. David's HealthCare is committed to the health and safety of our patients, colleagues and community. As part of our action plan for COVID- 19, we are raising awareness of the HCA Healthcare policy on Communicable Disease which states, "colleagues who believe they are infected with the flu or another communicable illness that can be transmitted through ordinary workplace contact are strictly prohibited from coming to work." This requirement extends to our affiliated schools and their students.

By signing this form below, you are attesting to your compliance to self-screen for communicable illness prior to reporting to our facilities and that you are symptom free.

- Self-screening for COVID-19 includes:
 - any recent history of being exposed to another individual with a confirmed COVID-19 infection
 - a history of travel to a geographic area currently impacted by COVID-19 or
 - if you are currently experiencing signs or symptoms of a possible COVID-19 infection or a lower respiratory illness (sore throat, cough, shortness of breath or fever).
- You may also be asked screening questions and have temperature taken at the designated entries of the facility.

If you are experiencing any symptoms as listed above, please notify your instructor that you need to stay home from clinicals and contact your healthcare provider as appropriate.

Signature: _____

Printed Name: _____

Date: _____