

SHC COVID-19 Attestation

I, _____, confirm that:
(Clinician Name - Printed)

Travel Attestation

- ☐ I have not and will not be traveling for the assignment or within three weeks of my start and/or while on assignment.
- ☐ I have or will be traveling for the assignment or within three weeks of my start date and/or while on assignment.

Traveling To	Traveling From	Dates of Travel

- ☐ I will notify my Agency/Recruiter and Client if there are any changes to my travel plans.
- ☐ I will self-report any symptoms (fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) of the virus that I am experiencing to my Agency/Recruiter and Client before and while on assignment.
- ☐ I understand that I am expected to follow CDC Guidelines before and while on assignment.
- ☐ I understand that I may be expected to care for COVID-19 patients and understand the risk involved.
- ☐ I understand that I will be expected to follow all PPE and safety protocols as directed by my Manager

Vaccination Attestation

- ☐ I have received a COVID-19 Vaccination
Vaccination Brand: _____
Date of 1st Dose: _____ Date of 2nd Dose (if applicable): _____
- ☐ I have NOT received a COVID-19 Vaccination

Updated information can be found at the Centers for Disease Control website: <https://www.cdc.gov>

Clinician Signature:  Date: _____
(Signature)