



**SITE:** \_\_\_\_\_

***Complete the below information and check the box on the end to attest that you are not sick, you are not experiencing any symptoms of Covid-19 or other contagious illnesses, and that you are unaware of recent exposure to any contagious illnesses.***

Symptoms of Covid-19 may include (not all-inclusive): fever, temperature at or above 100.4° F, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea

Date	Time in/out	Organization/Relation and Purpose for Visit	Print Name
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[illegible]