Sample Attestation Form

I, ­­­­­­­­­­­­­\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm the following statements remain true through the duration of this agreement. I will perform a health-check each day before entering the workplace and confirm:

1. I do not feel sick.
2. I do not have a temperature exceeding 100.4°F/38°C.
3. I have not been ill in the last 14 days.
4. I have not traveled to CDC Level 3 designated countries in the last 14 days for business or personal reasons.
5. I have not traveled on a cruise ship in the last 14 days for business or personal reasons.
6. I am not currently observing a quarantine due to potential exposure to COVID-19.
7. I have not tested positive for COVID-19.

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 Print Name

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 Signature Date

**If you are not able to answer affirmatively to all of the statements above, please contact Human Resources for further direction.**