

COVID Assessment and Attestation

Have you experienced any of the following symptoms:

- Have you tested positive for a COVID test in the last 14 days?
- To the best of your knowledge, were you in close contact (within 6 ft for a few minutes or direct physical contact) with a person who has COVID-19 infection in the last 14 days?
- A new fever (100.4 F or higher) or a sense of having a fever?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise?
- New Gastrointestinal Symptoms, such as nausea, vomiting or diarrhea that you cannot attribute to another health condition?
- New respiratory symptoms, such as sore throat, runny nose/nasal congestion or sneezing, that you cannot attribute to another health condition?
- New chills or repeated shaking with chills that you cannot attribute to another health condition?
- New loss of taste or smell that you cannot attribute to another health condition?
- A new Headache that you cannot attribute to another health condition or emotional reason?

If the answer to any of the above questions is 'Yes' Please leave the area and self-quarantine.

I attest that prior to coming to DISC on _____ that I do not have any of the above symptoms.
Please check the boxes below

- ☐ I read the above statement.
- ☐ I attest that I do not have any of the above symptoms.

Signature here: _____