COVID Assessment and Attestation

Have you experienced any of the following symptoms:

- 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 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?

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: ____________________________