

## 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: \_\_\_\_\_