

COVID-19 EHS Visitor Self-Certification to Return to Campus

I, _____, attest to the following:

Health Attestation

I have not displayed the following symptoms during the fourteen-day period preceding my return to work and I have completed this form within twenty-four hours of reentering campus: cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit. Moreover, I have not been in or close contact with a person who is lab-confirmed to have COVID-19 within the last fourteen days.

In addition, I agree to report the onset of any of these symptoms or conditions as soon as possible after they are first known to me.

Safety Protocols

I understand that the following protocols will be in place for the EHS operations. I agree to abide by these protocols:

- Social distancing of six feet or more between groups of attendees
- Masks worn in public spaces or shared offices (*i.e. Campus Store, Food Service*).
- Practice healthy hygiene behaviors (*i.e. wash hands often, cover your sneezes, avoid sharing personal items*).

I recognize that, despite these safety efforts on the part of EHS, the nature of COVID-19 and the novel coronavirus which causes it make it impossible to guarantee that I will not contract the virus while at work or while carrying out my duties.

Full name: _____

Company name: _____

EHS Contact name: _____

Signature: _____

Today's date: _____

