

CAREFULLY REVIEW EACH SYMPTOM BELOW AND HONESTLY RESPOND.

IF YOU HAVE ANY SYMPTOM BELOW – DO NOT RETURN TO OR ENTER YOUR WSU WORKPLACE.

COVID-19 Symptom Attestation Form for Working at a WSU Location

In the last 14 days, or since your last visit to a university facility, have you experienced one or more of the symptoms listed below. This list is not an exhaustive list of all symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms such as nausea, vomiting, or diarrhea. Visit the [Center for Disease Control](#) (CDC) or [Washington State Department of Health](#) (DOH) website for additional information.

Volunteer Self-Attestation:

- Since your last day of work, have you had a temperature at or above 100.4° or reason to be concerned you may be developing a fever?
- Since your last day of work, have you experienced a new cough that you cannot attribute to another health condition?
- Since your last day of work, have you experienced new shortness of breath that you cannot attribute to another health condition?
- Since your last day of work, have you experienced a new sore throat that you cannot attribute to another health condition?
- Since your last day of work, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
- Since your last day of work, have you experienced any chills that you cannot attribute to another health condition?
- Since your last day of work, have you experienced a new loss of taste or smell that you cannot attribute to another health condition?
- Within the last 14 days have you had close contact, without the use of appropriate PPE (personal protective equipment), with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes.)

If you answered “yes” to one or more of the above questions:

- ❖ You must not report to a WSU work location. If you begin experiencing one or more symptoms while at your work location you are to contact your supervisor remotely, by phone or electronic mail. You are to leave work while maintaining 6 feet of distance between you and others.
- ❖ Follow your department's procedure for reporting leave or requesting to work from home.
- ❖ Contact your health care provider for medical guidance.

Volunteer Attestation:

- I attest, I have read the above statement and prior to coming to a WSU Work location on today's date, I do not have any of the above symptoms/conditions.
- I have read the above statement and I am **unable to attest** as outlined above. I acknowledge I am not to report to my WSU work location.

If you are unable to attest as outlined above, do not report to the WSU work location.

Print Name: _____ Sign: _____ Date: _____

Use of Attestation Data:

As part of the State of Washington's Safe Start plan for COVID-19 return to face-to-face operations and activities, WSU is required to screen persons who enter its campuses. This attestation is part of the health screening requirements. WSU will use your attestation data solely for purposes of COVID-19 screening and monitoring and/or other similar activities that are in furtherance of public health and safety consistent with the Washington Safe Start plan and [Campus Reopening Guide](#).