

PLU Visitor Health Attestation Form

PLU is screening visitors to indoor facilities by asking them if they have a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. This requirement serves the purpose of ensuring that all campus community members remain vigilant of their health in order to avoid the possible transmission of COVID-19 onto our campus.

1. In the last 14 days, have you experienced any of the following symptoms?

- A. A new **fever** (100.4 F or higher) or a sense of having a fever?
- B. A new **cough** that you cannot attribute to another health condition?
- C. New **shortness of breath** that you cannot attribute to another health condition?

____ YES ____ NO

2. In the last 14 days, have you experienced any “two” of the following symptoms?

- A. A new **sore throat** that you cannot attribute to another health condition?
- B. 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?
- C. New **respiratory symptoms**, such as sore throat, runny nose/nasal congestion or sneezing,
- D. that you cannot attribute to another health condition?
- E. New **chills or repeated shaking with chills** that you cannot attribute to another health
- F. condition?
- G. New **loss of appetite, diarrhea or vomiting** that you cannot attribute to another health
- H. condition?
- I. New **loss of sense of smell or taste** that you cannot attribute to another health condition?

____ YES ____ NO

3. Are you living with or caring for an individual with known or suspected COVID-19?

____ YES ____ NO

4. In the last 14 days, have you been in close contact with anyone with known or suspected COVID-19?

____ YES ____ NO

5. In the last 14 days, have you attended a gathering of more than five people where physical distancing was not observed and/or people were not wearing face coverings?

____ YES ____ NO

6. In the last 14 days, have you travelled by air?

____ YES ____ NO

If you are sick or responded yes to any of the questions **you will need to reschedule your visit to PLU**. Contact your health care provider for medical guidance.

I read the statement above and attest that the answers are accurate, to the best of my knowledge:

PRINT NAME

SIGNATURE

DATE