PLU Move-Out Designated Helper Health Attestation Form – Fully-vaccinated

Per the State of Washington’s Campus Reopening Guide, PLU is asking visitors to “self-certify that they have experienced no COVID-19” symptoms since their last visit to campus. 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. I am fully vaccinated against COVID-19 and within 90 days of the final vaccine dose.  
   _____YES (Please continue with this form.)  _____NO (Please ask for the unvaccinated form)

2. 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 not attributed to COVID vaccine within 72 hours?
   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

3. 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 a specific exercise or another health condition/COVID vaccine within 72 hours?
   c. New respiratory symptoms, such as sore throat, runny nose/nasal congestion or sneezing, that you cannot attribute to another health condition?
   d. New chills or repeated shaking with chills that you cannot attribute to another health condition/COVID vaccine within 72 hours?
   e. New loss of appetite, diarrhea or vomiting that you cannot attribute to another health condition/COVID vaccine within 72 hours?
   f. New loss of sense of smell or taste that you cannot attribute to another health condition?
   _____YES  _____NO

4. In the last 14 days, have you attended an indoor gathering with unvaccinated people from more than one household without masks and physical distancing?
   _____YES  _____NO

5. For the purpose of assisting a student moving out of an on campus residence, PLU is permitting Designated Helpers who can otherwise complete this form without responding “yes” to any of the above questions to enter a campus building regardless of whether they have recently traveled outside the State of Washington.

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