

## PLU Visitor Health Attestation Form - Unvaccinated

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 ask for the fully-vaccinated form.) \_\_\_\_ **NO** (Please continue with this 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?
  - 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 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, that you cannot attribute to another health condition?
  - d. New **chills or repeated shaking with chills** that you cannot attribute to another health condition?
  - e. New **loss of appetite, diarrhea or vomiting** that you cannot attribute to another health condition?
  - f. New **loss of sense of smell or taste** that you cannot attribute to another health condition?\_\_\_\_ **YES** \_\_\_\_ **NO**
4. Are you living with or caring for an individual with known or suspected COVID-19?  
\_\_\_\_ **YES** \_\_\_\_ **NO**
5. In the last 14 days, have you been in close contact with anyone with suspected or confirmed COVID-19?  
\_\_\_\_ **YES** \_\_\_\_ **NO**
6. In the last 14 days, have you attended a gathering of more than five people outside your household where physical distancing was not observed and/or people were not wearing face coverings?  
\_\_\_\_ **YES** \_\_\_\_ **NO**
7. Have you traveled out of the State of Washington? (With the exception of travel for PLU-sanctioned events such as an athletics competition, SOAC event, or course-related field trip.)  
\_\_\_\_ **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:

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**PRINT NAME**

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**SIGNATURE**

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**DATE**