In an effort to reduce the risk of COVID-19 exposure and to help prevent the spread of the virus, please confirm the following statements:

1. I have not received a positive COVID-19 diagnosis within the last 14 days.  
   ![Yes/No](Yes/No)

2. I have not been in close contact with, or caring for someone else confirmed to be infected.  
   ![Yes/No](Yes/No)

3. I have not had close contact with any individual suspected of being infected with COVID-19, including individuals exhibiting COVID-19 symptoms for the last 14 days.  
   ![Yes/No](Yes/No)

4. I have not traveled to an area under Level 2, 3, or 4 travel advisory by the U.S. State Department.  
   ![Yes/No](Yes/No)

5. I am not currently experiencing, or have experienced in the last 14 days:
   a. Fever over 100.4 F  
      ![Yes/No](Yes/No)
   b. Cough, shortness of breath  
      ![Yes/No](Yes/No)
   c. Loss of smell or taste  
      ![Yes/No](Yes/No)
   d. Fatigue or persistent headaches  
      ![Yes/No](Yes/No)

Signature:_________________________ Date:__________________

Temp:_________ Staff Signature:_________________________

MedShare staff use only