MedShare
Improving the quality of life of people and our planet

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:

	Yes	No
1. I have not received a positive COVID-19 diagnosis within the last 14 days.	☐	☐
2. I have not been in close contact with, or caring for someone else confirmed to be infected.	☐	☐
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.	☐	☐
4. I have not traveled to an area under Level 2, 3, or 4 travel advisory by the U.S. State Department.	☐	☐
5. I am not currently experiencing, or have experienced in the last 14 days: a. Fever over 100.4 F b. Cough, shortness of breath c. Loss of smell or taste d. Fatigue or persistent headaches	☐	☐

Signature:_____ Date:_____

Temp:_____ Staff Signature: _____

MedShare staff use only