

Purpose: Daily self-attestation of individual health is strongly recommended by the CDC as an integral part of an institutional strategy to support and encourage safe behavior by the UH community. Your information will NOT be used for commercial purposes, nor any other purposes inconsistent with the Purpose above.

- Have you tested positive for COVID-19 and are on home isolation?

- Are you CURRENTLY having any of the following symptoms that are **new, worsening, and not attributable to a pre-existing condition**?

- Fever greater than 100.4 °F or feeling feverish (chills, sweating)
- Cough
- Shortness of breath/difficulty breathing
- Sore throat
- Unexplained muscle/body aches
- Nausea/vomiting or diarrhea
- Loss of senses of taste or smell
- Unusually weak or fatigued
- Runny or congested nose
- Headache
- Skin rash
- Chest pain or pressure



- In the past 14 days:

- Have you traveled out of the state and are currently under quarantine orders by the **Department of Health** or **your medical care provider**?
- ARE YOU UNVACCINATED and have you been in close contact (<6 feet for ≥ 15 minutes) with anyone who has an active, diagnosed case of COVID-19?

Note: Healthcare students/personnel wearing appropriate PPE at ALL TIMES while caring for a patient with COVID-19 would NOT be considered a close contact (ref. DOH medical advisory #16)

- Has the Department of Health told you that you have been in contact with a person with COVID-19?

Yes

No

Circle one:

I certify that the answers to the above questions are true.

Printed Name: _____ Date: _____

Signature: _____

Contact #: _____