



COVID-19 Attestation Form

As part of Fitchburg State University's ongoing efforts to protect the health and safety of our campus community and visitors, we require the wearing of face coverings indoors at all times, except for individuals in their private offices or resident students within their residential units.

To help further mitigate risk, we are asking external visitors to answer the following questions. If the answer to any of these questions is "yes," you will not be allowed access to university facilities.

1. In the past 72 hours, have you experienced:
 - a. Subjective fever (felt feverish) or measured a temperature at or above 100.4°F
 - b. New or worsening cough
 - c. Shortness of breath or chest tightness
 - d. Sore throat
 - e. Vomiting/Diarrhea
 - f. Extreme fatigue
 - g. Loss of sense of taste or smell
 - h. Persistent muscle aches
 - i. Headaches
2. Have you been diagnosed with COVID-19 in the past 14 days, or do you live with an individual who has been diagnosed with COVID-19 in the past 14 days?
3. In the last 14 days, have you knowingly been in close contact with someone who was at the time positive for COVID-19? Close contact means being within six feet of another person for more than 15 minutes during a 24-hour period. *A healthcare worker who was outfitted with necessary PPE is not considered to have been in close contact with another for purposes of this question.*
4. Within the last 14 days have you traveled out of the United States?
5. Have you been personally contacted and directed by a government health department or a healthcare provider to currently self-isolate or self-quarantine?

By signing below, you certify that your answer to each of the above questions is "no."

Signed:

Date:

Print Name:

Contact Number: