



COVID-19 Attestation Form

As part of Fitchburg State University's ongoing efforts to protect the health and safety of our campus community and guests, we ask external visitors to answer the following questions about their potential exposure to COVID-19. 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 or anyone in your guest party experienced:
 - a. Subjective fever (felt feverish) or measured a temperature at or above 100.4°F
 - b. New or worsening cough that you feel is unrelated to allergies or air temperature
 - c. Shortness of breath or chest tightness
 - d. Sore throat
 - e. Vomiting/diarrhea
 - f. Extreme fatigue
 - g. Loss of sense of taste and/or smell
 - h. Persistent muscle aches
 - i. Headaches
2. Have you been diagnosed with COVID-19 in the past 10 days?
3. Do you live with an individual who has been diagnosed with COVID-19 in the past 10 days?
4. In the last five (5) days, have you knowingly been in close contact with someone who was at the time positive for COVID-19? To be considered a close contact you must meet all of the criteria listed below:
 - i. Have been within six (6) feet of a COVID-19 positive individual for longer than 15 minutes within a 24-hour period
 - ii. Are not a healthcare worker
 - iii. Are unvaccinated or are vaccinated and have not yet received a booster vaccine
 - iv. Have not been positive for COVID-19 within the last 90 days
5. Have you traveled outside of the United States in the last 14 days?

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

Signed:

Date:

Print Name:

Phone Number:

Updated: March 2022