[CLICK TO PLACE LOGO]

DAILY COVID-19 SYMPTOM ATTESTATION FORM

Use this form to log visitor and patient interactions, per facility guidelines, as well as to notify public health authorities and inform emergency operations.

FORM TO BE COMPLETED IN ITS ENTIRETY

			RECENT EXPOSURE	SYMPTOM REVIEW-INDIVIDUAL ATTESTATION	
Date/Time	Name	Phone	Close contact with person diagnosed or suspected with COVID-19 **(Y/N)**	Fever>100.4 visitor/patient or >100.0 HCP **(Y/N)**	Signs of acute illness (e.g. cough, sore throat, difficulty breathing, body aches, sudden loss of taste or smell) **(Y/N)**