

Candidate Name: _____
Today's Date: _____
Assignment Start Date, if known _____

I, _____, confirm the following

1. I have been caring for COVID patients. Please acknowledge if true.

I have lived with someone who has tested positive in last 3 weeks.
Please acknowledge if true.

I have been working at a testing site. Please acknowledge if true.

2. Have you been tested for novel coronavirus? _____ (yes or no)

If yes, the date you were tested _____ (date)

and the result was _____

Is test result documentation available? _____ (yes or no)

3. Have you been tested for anti-bodies _____ (yes or no)

If yes, on what date _____ (date)

and the result was _____

Is test result documentation available? _____ (yes or no)

4. I will immediately self-report any symptoms of the virus that I am experiencing to my Agency and Facility before and while on assignment.

Please acknowledge if you agree.

5. I understand that I am expected to follow CDC Guidelines before and while on assignment. Updated information can be found at the Centers for Disease Control website:

<https://www.cdc.gov>.

Please acknowledge if you agree.

Signature

Date Signed