



## COVID-19 Self Screening Attestation Form

By signing this form, I acknowledge that I understand that I have a **continuing** obligation to self-screen on a daily basis and to self-quarantine if any of my answers to the screening questions listed below are “YES” I will not enter a Mountain Health Network facility until I have been medically cleared. I further acknowledge that this is for my health and safety as well as the health and safety of patients and staff.

Do you have any of the following symptoms:

- Fever?
- NEW cough?
- NEW shortness of breath?
- NEW body aches?
- NEW sore throat?
- Are you currently in quarantine or have a test pending for COVID-19?
- Have you had any close contact outside of work with:
  - A COVID-19+ person?
  - Person in quarantine or awaiting COVID-19 results?
- Any travel: Internationally or cruise in last 14 days?

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature