



Corona Virus 2019 (COVID-19) Monitoring Attestation Form

Please help us monitor for symptoms for a potential COVID-19 exposure or symptomatic infection by completing this form. Please attest to the following information: If you are unable to attest to ALL of the following information, please contact our office immediately for further instructions, and to reschedule your appointment.

- I am not experiencing symptoms of COVID-like illness such as fever ($\geq 100.0^{\circ}\text{F}$), cough, sore throat, or shortness of breath.
- I have not had a high or medium risk exposure to a person who is confirmed positive for COVID-19.
- I have not had a high or medium risk exposure to a person who is a PUI (person under investigation-not confirmed for COVID-19) or is a possible case of COVID.
- I am not aware that I have been exposed to COVID-19, and am not experiencing symptoms.
- I have not traveled to an area at risk (Warning Level 3 - Widespread ongoing transmission as identified by the CDC) for COVID-19.

I attest that all of the above information is true.

Signature of Patient

Date

Printed Name of Patient