



## **Abrazo Health Student and Visiting Resident COVID-19 Attestation Form**

I attest that I am not experiencing any of the following COVID-19 symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I also attest that I have not had a positive COVID-19 test for active virus in the past 10 days nor am I aware that I have been exposed to someone with a confirmed case of COVID-19 who may or may not have these symptoms.

Signature \_\_\_\_\_

Date: \_\_\_\_\_