

COVID-19

ATTESTATION FOR STABLE ENTRY

A TESTACION PARA LA ENTRADA EN EL LUGAR DE TRABAJO

- 1 I HAVE BEEN DIAGNOSED WITH, OR AM A PERSON UNDER INVESTIGATION* FOR, COVID-19.**
 USTED HA SIDO DIAGNOSTICADO CON, O SOY UNA PERSONA BAJO INVESTIGACION* PARA, COVID-19.
- YES/SI NO
- 2 IN THE LAST TWO WEEKS, I HAVE BEEN IN CLOSE CONTACT** WITH SOMEONE WHO HAS BEEN CONFIRMED TO HAVE, OR IS A PERSON UNDER INVESTIGATION* FOR, COVID-19.**
 EN LAS ULTIMAS DOS SEMANAS, HE ESTADO EN ESTRECHO CONTACTO** CON ALGUIEN QUE HA SIDO CONFIRMADO QUE TIENE, O ES UNA PERSONA BAJO INVESTIGACION* PARA, COVID-19.
- YES/SI NO
- 3 IN THE LAST TWO WEEKS, I HAVE TRAVELED OUTSIDE THE UNITED STATES OR HAVE BEEN ON A CRUISE SHIP OR RIVER BOAT.**
 EN LAS ULTIMAS DOS SEMANAS, E VIAJADO FUERA DE LOS ESTADOS UNIDOS, CRUCEROS O PASEOS A RIOS.
- YES/SI NO
- 4 I AM CURRENTLY EXPERIENCING SYMPTOMS CONSISTENT WITH COVID-19. PER THE CDC, THESE SYMPTOMS INCLUDE FEVER, COUGH, AND SHORTNESS OF BREATH.**
 ACTUALMENTE ESTOY EXPERIMENTANDO SINTOMAS CONSISTENTES CON COVID-19. SEGUN EL CDC, ESTOS SINTOMAS INCLUYEN FIEBRE, TOS Y DIFICULTAD PARA RESPIRAR.
- YES/SI NO

Parent Sign _____

child name _____

- * CLOSE CONTACT - APPROX. 6' OR 2M FOR A PROLONGED PERIOD OF TIME.
- ** PERSON UNDER INVESTIGATION - UNDER EVALUATION BY MEDICAL PROFESSIONAL FOR COVID-19 TESTING.

Date _____

