

**SAMPLE ATTESTATION:**

It is a mandatory requirement to review these questions and to certify your health. By attending the event today you are attesting to the following (please initial):

1. I have not had any symptoms (**see below**) of COVID-19 in the last 14 days\_\_\_\_  
\_\_\_\_\_
2. I have not tested positive for COVID-19 in the last 14 days \_\_\_\_\_
3. I have not knowingly had close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 in the last 14 days \_\_\_\_\_
4. I have not traveled to any non-contiguous state for > 24 hours within the last 10 days \_\_\_\_\_ **(remove after April 1 Travel guidance)**

**Contact Tracing Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**For Staff Use Only:**

**Employee Name** \_\_\_\_\_

**Proof of Negative Test** \_\_\_\_\_

**Proof of Vaccination** \_\_\_\_\_