



**Novel Coronavirus (COVID-19)
Attestation for Worksite Entry**

To ensure the safety and health of our associates and guests, please answer the following:

	Yes	No
I have been diagnosed with, or am suspected to have, COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
In the last two weeks, I have been in close contact with someone who's been confirmed to have, or is suspected to have, COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
In the last two weeks, I or a member of my household has been to a location designated by the CDC as a Level 3 Travel risk.	<input type="checkbox"/>	<input type="checkbox"/>
In the last two weeks, I have been aboard a cruise ship.	<input type="checkbox"/>	<input type="checkbox"/>
In the last two weeks, I have been under quarantine for COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
I am currently experiencing symptoms consistent with COVID-19. Per the CDC, these symptoms include fever, cough, and shortness of breath.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, you may not enter the premises. I agree that I will immediately notify my supervisor if any of my answers to the above questions changes from "no" to "yes" at any point in time. I have read, understand, and verified the above statements, and attest to the accuracy of my answers with my signature below.

Print Name

Date

Signature