



Department: _____

Phone: _____

Staff Initials: _____

COVID-19 Statement

To enter our facility, we ask that you review the statement below.

If you are unable to attest to the criteria, we ask that you postpone your visit to the facility. You will not be denied services or penalized for not entering the facility. You are welcome to contact us by phone and email.

I hereby attest that to the best of my knowledge:

___ I have not been in direct contact with a confirmed case of COVID-19;

___ In the last 14 days, I have not traveled outside the State of Wisconsin; and

___ I have been free of any flu like symptoms for at least the last 72 hours.

Name

Signature

Date
