UW School of Dentistry Personnel Attestation Signature Sheet

Version: 04/01/20

To keep all School of Dentistry personnel and our patients safe, all UWSOD personnel are being asked to sign this document at the beginning of their shift or work period.

By signing below (or an electronic version), you (staff, faculty, student, resident) are attesting that 1) you are aware of the UW School of Dentistry policy against reporting to work if you have any of the symptoms below and 2) you have none of the symptoms:

1. Fever > 100°F
2. New cough that is not attributable to another medical condition
3. New muscle aches (myalgia) not attributable to another medical condition or another specific activity (e.g. due to physical exercise)
4. Throat pain (pharyngitis) not attributable to another medical condition
5. New shortness of breath (dyspnea) not attributable to another condition
6. Flu-like symptoms
7. Recent and abrupt loss or reduction of the sense of smell and/or taste
8. Close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks
9. Traveled within the past 2 weeks to a region with high rates of COVID-19 disease activity.

TODAY’S DATE: _____ / _______ / _______

SIGNATURE

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