

EXHIBIT A

UW School of Dentistry Faculty, Staff, Residents, and Student Attestation Signature Sheet

Version: 11/03/20

In order to reduce the risk of COVID-19 infection for all School of Dentistry personnel and patients, faculty, staff, and students are required to stay home if they have been diagnosed with COVID-19, are experiencing COVID-19-like symptoms, or have been in close contact with a person who has a confirmed diagnosis of COVID-19 infection. All UWSOD faculty, staff, students, and residents must sign an attestation form or complete an electronic version attesting to their lack of symptoms, or recent exposure to someone infected with COVID-19, prior to coming on campus.

By signing below or approving the electronic version of this form, you are attesting that:

A. You are aware of the UW School of Dentistry policy which prohibits you from reporting to work if you have any of these symptoms and they are not attributable to another condition or activity:

- a. Fever \geq 100.4°F or more or chills;
- b. New cough;
- c. New shortness of breath (dyspnea);
- d. Flu-like symptoms;
- e. New muscle aches (myalgias) or fatigue;
- f. Vomiting, diarrhea, or stomach pain;
- g. Runny nose or sore throat;
- h. Red or painful eyes; itching or scratchy eyes; or
- i. New and abrupt loss of taste or smell

2. Answer "Yes" to any of these contact history questions:

- a. In the past two weeks, have you had close contact with someone diagnosed with COVID-19? Close contact is defined as:
 - i. Being within 6 feet of a person with COVID-19 for a cumulative total of at least 15 minutes during a 24 hour period (even if both persons were wearing face coverings), living with or caring for a person who has COVID-19, or having direct contact with infectious secretions (e.g., being coughed on, kissing, sharing utensils).
- b. Have you attended an *indoor* social or community gathering with 10 or more people in the past two weeks, where you or others were not wearing masks and not social distancing 6 feet apart or more?

3) You have read and understand the above statement

4) You have no positive response to any of the listed criteria.

TODAY'S DATE: ____ / ____ / ____

SIGNATURE
