

## Employee COVID-19 Attestation

**CAREFULLY REVIEW EACH SYMPTOM BELOW AND HONESTLY RESPOND.**

**IF YOU HAVE ANY SYMPTOM BELOW – DO NOT RETURN TO OR ENTER YOUR WSU WORKPLACE.**

In the last 14 days, or since your last visit to a WSU work location, have you experienced one or more of the symptoms listed below. This list is not an exhaustive list of all symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms such as nausea, vomiting, or diarrhea. Visit the [Center for Disease Control](#) (CDC) or [Washington State Department of Health](#) (DOH) website for additional information.

### EMPLOYEE SELF-ATTESTATION:

- Since your last day of work, have you had a temperature at or above 100.4 degrees or have reason to be concerned you may be developing a fever?
- Since your last day of work, have you experienced a new cough that you cannot attribute to another health condition?
- Since your last day of work, have you experienced new shortness of breath or difficulty breathing that you cannot attribute to another health condition?
- Since your last day of work, have you experienced a new sore throat that you cannot attribute to another health condition?
- Since your last day of work, have you experienced new muscle aches or pains that you cannot attribute to another health condition or a specific activity such as physical exercise?
- Since your last day of work, have you experienced any chills that you cannot attribute to another health condition?
- Since your last day of work, have you experienced a new loss of taste or smell that you cannot attribute to another health condition?
- Within the last 14 days have you had close contact, without the use of appropriate PPE (personal protective equipment), with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes.)

If you answered “yes” to one or more of the above questions:

- You must not report to a WSU work location. If you begin experiencing one or more symptoms while at your work location you are to contact your supervisor remotely, by phone or electronic mail. You are to leave work while maintaining 6 feet of distance between you and others.
- Follow your department’s procedure for reporting leave or requesting to work from home.
- Contact your health care provider for medical guidance.
- For questions on available leaves related to COVID-19 contact [HRS Disability Services](#) at [HRS.disabilityservices@wsu.edu](mailto:HRS.disabilityservices@wsu.edu) or 509.335.4521.
- Follow the guidance on the COVID-19 Leave and Work Information webpage: [hrs.wsu.edu/covid-19](https://hrs.wsu.edu/covid-19)

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**Employee Attestation**

- I attest, I have read the above statement and prior to coming to a WSU Work location on today's date, I do not have any of the above symptoms/conditions.
- I have read the above statement and am unable to attest as outlined above. I acknowledge I am not to report to my WSU work location and will follow my department call in procedures.

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**Name and date**

If you have concerns related to COVID-19 and returning to work, please provide them to Human Resource Services by utilizing the online form found at: [hrs.wsu.edu/covid-19/covid-19-return-to-work-concerns](https://hrs.wsu.edu/covid-19/covid-19-return-to-work-concerns)

**Use of Attestation Data:**

As part of the State of Washington's Safe Start plan for COVID-19 return to face-to-face operations and activities, WSU is required to screen persons who enter its campuses. This attestation is part of the health screening requirements. WSU will use your attestation data solely for purposes of COVID-19 screening and monitoring and/or other similar activities that are in furtherance of public health and safety consistent with the Washington Safe Start plan and [Campus Reopening Guide](#).