

Western Washington University COVID-19 Certification of Health

Within the past two weeks, have you experienced any of the following symptoms that you cannot attribute to another condition?

- New fever or feeling feverish (such as chills or sweating)
- New cough?
- New shortness of breath?
- New sore throat?
- New headache?
- New gastrointestinal (nausea, vomiting, diarrhea)
- New respiratory symptoms like running nose
- New fatigue?
- New muscle pain?
- New loss of smell?

DO NOT come to any Western physical location if you have any of these symptoms. If you are on-site, you must leave the facility immediately.

____ I attest that prior to coming to any Western physical location on today's date that I DO NOT have any of the above symptoms, nor am I aware that I have been exposed to someone with a confirmed case of COVID-19 who may or may not have these symptoms.

Print Name _____

Signature _____ Date _____