

# Daily Health Certification

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please be advised** if you have experienced any of the following symptoms listed below within 14 days they are considered new symptoms and cannot be attributed to a preexisting health condition.

I certify that I had my temperature taken today prior to coming to work or at Campus Safety and that my temperature was less than 100.4°F.

I also certify that in the past 14 days:

- I have not had a temperatures greater than 100.4°F; and
- I do not have a cough; and
- I do not have shortness of breath; and
- I do not have any two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell; and
- I have not tested positive for COVID-19; and
- I have not had close contact with a confirmed or suspected COVID-19 case; and
- I have not traveled to one of the following states based upon Governor Cuomo's Executive Order 205, issued June 25, 2020: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

## Certify \*

\_\_\_ Yes, I certify to the above items

\_\_\_ No, I do not certify to the above items.

Manager Name: \_\_\_\_\_