## **ONTARIO COUNTY CLIENT / VISITOR WELLNESS ATTESTATION**

By signing my name below, I attest that on \_\_\_\_\_\_/2020, I have conducted a self-assessment for the following symptoms and that I do not presently have, and have not had in the last 24 hours, any of these symptoms:

- Cough (not associated with seasonal allergies)
- Shortness of breath or difficulty breathing
- > Fever (>100)
- > Chills

- > Unexplained muscle aches
- Sore throat
- Headache (not related to other causes)
- > New loss of taste or smell
- > Nausea, vomiting, or diarrhea

\*\*\*<u>ATTENTION</u>: If you cannot sign this attestation because you have had any of the above-listed symptoms in the last 24 hours, you must leave the County building immediately and are encouraged to contact your health care provider. If your need for County services is immediate, please contact the County department by phone.

PRINT FULL NAME	COUNTY DEPARTMENT VISITED	TIME	PHONE NUMBER	SIGNATURE

<u>Disclaimer</u>: This assessment tool is not for the purpose of administering medical advice. It is intended for information gathering purposes for the Ontario County Department of Public Health and is required by Governor Cuomo's plan to reopen New York. It is not a substitute for professional medical advice, diagnosis, or treatment. If you think you may have a medical emergency you should immediately call your doctor or 911. You are responsible for your own health and safety at all times.