EMPLOYEE WELLNESS DAILY REPORTING ATTESTATION

By signing my name below, I hereby attest that on _______/2020, I have conducted a self-assessment for the following symptoms and that I am not presently exhibiting, and have not exhibited 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 an employee cannot sign this attestation because she/he has exhibited any of the listed symptoms in the last 24 hours, the employee must leave the workplace and call his/her supervisor or Department Head immediately.

PRINT FULL NAME	JOB TITLE	WORKSITE	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.

Pg. ____