



## DELTA PHI EPSILON

*esse quam videri*

### COVID-19 Attestation of Good Health

In order to ensure the health of our members their families and our housing staff, anyone entering the building must attest to the following:

Question	YES	NO
Do you have a fever?		
Do you have shortness of breath or difficulty breathing?		
Do you have a cold, flu-like or other respiratory symptoms?		
Do you have a new onset cough?		
Do you have repeated shaking with chills?		
Do you have a sore throat?		
Do you have headaches that are out of character?		
Have you experienced a new loss of taste or smell?		
Have you had contact with a person with confirmed or suspected COVID-19?		
Will you perform proper hand hygiene at all times while inside the facility?		
Will you wear a mask at all times while inside the facility?		
Will you agree to wear gloves while inside the facility?		

Name (please print): \_\_\_\_\_

Reason for entering the facility (only required if you do not live in the house):  
\_\_\_\_\_

I agree the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**This section is to be completed by DPhiE staff**

- Yes, this person is approved to enter facility.
- No, this person cannot enter the facility at this time.

\_\_\_\_\_  
Name of DPhiE Staff (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time