



## Wellness Attestation for Campus Visitors

Campus Visitor Name: \_\_\_\_\_

Date of visit: \_\_\_\_\_

I attest that:

- I am fully vaccinated against COVID-19 with a vaccine approved by the FDA or WHO
- I have received a vaccine booster shot (if eligible to receive one)
- I have received a negative COVID-19 test result within 48 hours prior to my arrival on campus, using a PCR test, rapid antigen test, or home test
- I am not experiencing any symptoms associated with COVID-19

Date negative test sample taken: \_\_\_\_\_

Visitor Email Address: \_\_\_\_\_

Visitor Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_