

WSU Visitor Attestation (Health Screening)

Visit <https://attestation.wsu.edu/> and select Visitors to submit the required attestation for anyone working at a WSU location, such as students from another university, guests, visiting researchers, volunteers, and anyone else who is not an employee or a student.

If necessary, visitors may attest using the below paper version of this WSU attestation.

Hello WSU Visitor,

As part of Washington State's Safe Start Plan for Higher Education, WSU is expected to health screen all persons who enter our WSU physical locations for COVID 19 symptoms and to follow health and safety requirements to prevent the spread of COVID 19. Accordingly, we are requiring all visitors to a WSU location to complete this daily attestation form EVERY DAY you enter a WSU location. Visitors include anyone who is on campus who is not a WSU employee or student, this includes contractors working at a WSU location, students from another university, guests, visiting researchers, volunteers, and anyone else who is not an employee or a student.

Please carefully review each COVID 19 symptom below and honestly respond. If you have any COVID 19 symptom do not enter a WSU location.

In the last 14 days, or since your last visit to a WSU location, have you experienced one or more of these symptoms?

- Had a temperature at or above 100.4° or reason to be concerned you may be developing a fever? If you don't have a thermometer, additional fever signs and symptoms may include: sweating, chills and shivering, headache, muscle aches, loss of appetite, irritability, dehydration, or general weakness.
- Experienced a new cough that you cannot attribute to another health condition?
- Experienced a new shortness of breath that you cannot attribute to another health condition?
- Experienced a new sore throat that you cannot attribute to another health condition?
- Experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
- Experienced any chills that you cannot attribute to another health condition?
- Experienced a new loss of taste or smell that you cannot attribute to another health condition?
- Received a positive test result for COVID-19 in the last 14 days?
- Currently have or are suspected of having COVID-19?

This list is not an exhaustive list of all symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms such as nausea, vomiting, or diarrhea. Visit the Center for Disease Control (CDC) or Washington State Department of Health (DOH) website for additional information.

In addition to health screening, WSU has implemented health and safety requirements to mitigate the spread of COVID-19, consistent with Washington State requirements.

Please carefully review each health and safety requirement below and honestly respond.

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- I will wear cloth facial coverings unless alone in a vehicle, room or jobsite, providing work tasks do not require respiratory protection
 - I will follow directions on COVID-19 signage and demarcations to meet other COVID-19 health and safety interventions
 - In the last 14 days, I have not had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 15 cumulative minutes.)
 - I will cooperate with contact tracers from the health authorities, should the need arise.

This list is not an exhaustive list of all health and safety requirements, visitors may be asked to observe additional requirements in specific locations. Visit the Center for Disease Control (CDC) or Washington State Department of Health (DOH) website for additional information

Adult Attestation

REQUIRED Email: _____

REQUIRED Full Name: _____

Phone Number: _____

Youth Attestation

REQUIRED Email: _____

REQUIRED Full Name: _____

Family Phone Number: _____

Parent/Guardian Name and contact info: _____

I attest, I have read the above statements and as of today, I do not have any of the above symptoms/conditions and will meet WSU's health and safety requirements.

I attest have read the above statements and recognize I am experiencing some symptoms/conditions. I acknowledge my responsibility to NOT ENTER the WSU location, and to contact a medical provider.

Signature: _____

Date: _____

Use of Attestation Data: As part of the State of Washington's Safe Start plan for COVID-19 return to face-to-face operations and activities, WSU is required to screen persons who enter its campuses. This attestation is part of the health screening requirements. WSU will use your attestation data solely for purposes of COVID-19 screening, monitoring, and/or other similar activities that are in furtherance of public health and safety consistent with the Washington Safe Start plan and Campus Reopening Guide.