Atlas Service Center

Daily COVID-19 Health Attestation for I-9 Appointment

This completed form must be provided to the I-9 Greeter at your appointment

Name: _____

Department: _____

Date: _____ Appointment time: _____

Duration of visit: _____

Phone / text number: _____

	Yes	No
Are you currently experiencing any COVID-19 symptoms?	☐	☐
In the past 10 days, have you tested positive for COVID-19 or been in contact with someone who has received a positive result?	☐	☐
Do you agree to adhere to all rules and protocols of face covering and social distancing on campus?	☐	☐