



CONNECTICUT COLLEGE

Visitor COVID-19 Attestation Form

In order to protect the health and safety of our employees, students and community, all visitors are required to attest that:

- 1) Have with them COVID-19 related documentation required by the College,
- 2) Have performed a self-screening for COVID-19 symptoms, and
- 3) Have reviewed and agreed to abide by the COVID related protocols provided below and on the College's COVID-19 Path Forward website.

If a visitor does not properly attest to the points noted below, they may not visit the campus.

COVID-19 Documentation Attestation

In order to be on campus, I understand that when I arrive on campus, I need to have documentation in my possession that demonstrates one of the following:

- I am fully vaccinated
- I have a negative COVID-19 PCR test result that was taken within the last 72 hours prior to my arrival on campus
- I have medical documentation showing that I was diagnosed with COVID-19 in the past 90 days but the visit to campus is not within 10 days of diagnosis
These documents will not be collected by the College, unless specified ahead of time, but it is expected that you have the documentation accessible should you be asked for it.

COVID-19 Health Attestation

I will not enter or remain on campus if I have any of the following COVID-19 related symptoms (except if the symptom has been confirmed by a medical professional to be related to another health condition):

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I will wear a mask consistent with the College's expectations described in the [Path Forward](#) website. Most notably, masks must be worn inside of all campus buildings.

I will not enter or remain on campus if I have a fever greater than 99.5 degrees, had a fever of greater than 99.5 degrees within the last 24 hours, or have reduced a fever to below 99.5 degrees by taking any fever reducing medications within the past 6 hours.

I will not enter or remain on campus if I have been notified and asked to self-quarantine because of an exposure to someone with COVID-19.

I will not enter or remain on campus if I have been diagnosed with COVID-19, or if I have been told by a licensed healthcare provider that I am suspected to have COVID-19.

I affirm that I have read the foregoing and agree to abide by the same

Visitor Name

Connecticut College Host Name

Visitor Signature

Visitor Phone Number/Email

Date