



GALAXY
MEDICAL COLLEGE

COVID-19 VISITOR ATTESTATION

Name: _____

Today's Date: _____

Please answer the following questions:

1. Have you been diagnosed with COVID-19?
 YES NO

2. Do you currently have fever or flu-like symptoms such as a cough, runny nose or shortness of breath?
 YES NO

3. Have you traveled outside the USA in the past 14 days?
 YES NO

4. Have you traveled within the USA in the past 14 days?
 YES NO

5. Have you been in contact with anyone who has traveled internationally or domestically within the past 14 days?
 YES NO

6. Have you attended events or gathering with more than 50 people in the past 14 days?
 YES NO

7. Have you been in contact with a person diagnosed with COVID-19?
 YES NO

8. Have you, or someone you live with, been asked to self-quarantine?
 YES NO

**For more information on COVID-19 and what you can do to prevent the spread, please visit
[CDC.gov/coronavirus](https://www.CDC.gov/coronavirus).**