



VOLUNTEER ATTESTATION

By completing my signature below, I attest that I will check my body temperature prior to coming to a volunteer assignment. I will NOT volunteer if I have a body temperature of >100 . I will not volunteer if I have any of the following NEW UNEXPLAINED symptoms: **Muscle aches, fever, headache, loss of taste/smell, cough, sore throat, nasal congestion, shortness of breath, diarrhea or vomiting.**

If I develop any of the above symptoms prior to volunteering, I will contact Employee Health at 608-377-8781 and my supervisor and NOT come in for my assignment.

Volunteer Signature and Date

Volunteer Printed Name

Volunteer Coordinator or Tomah Health Staff representative and Date