

Health Agreement/Symptom Survey

By signing in for this UME event, you are affirming that you are responding "No" to the Health Certification statements below.

Have you experienced any of the following symptoms in the past 48 hours?

- Fever over 100.4°F
- Sore throat
- Chills or feeling cold for no explainable reason
- A new or worsening cough not due to another health condition
- Headache not normal for you, or not caused by another reason or health condition
- Difficulty breathing
- Loss of taste or smell
- Muscle aches not caused by another health condition

In the past 14 days, have you been exposed to someone who tested positive for COVID-19?

Is someone in your household currently quarantined because they were exposed to COVID-19?

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