

WRNS Studio COVID-19 Self-Certification Form

Today's Date:

Date of Visit: 9/23/2022

Visitor's Name:

Visitor's Phone:

Visitor's Email:

Visitor's Signature:

Please answer the questions below to help us maintain a healthy and safe workplace.

1. Within the past 10 days, have you been diagnosed or tested positive for COVID-19?

Yes

No

2. Do you live in the same household with, or have you had close contact* with someone who in the past 14 days has been in isolation for, or tested positive for, COVID-19?

Yes

No

*Close contact means (for 48 hours before their symptoms began) the person:

- Lived or stayed overnight with you
- Took care of you, or you of them
- Was within 6 feet of you for more than 10 minutes without wearing a mask
- Exposed you to their body fluids or secretions (e.g. coughed or sneezed on you) while you were not wearing a mask, gown or gloves

3. Are you currently experiencing any of the following COVID-19 symptoms?

No symptoms

Cough

Shortness of breath or difficulty breathing

Fever of 100.4 or greater

Chills

- Muscle or body aches
- Fatigue
- Headache
- Sore throat
- Persistent runny nose
- Diarrhea
- New loss of taste or smell

Self-Attestation

At this time, all guests must be vaccinated and up to date with eligible doses (boosters) prior to entering WRNS Studio. Please indicate your vaccination status below.

- Yes, I am fully vaccinated and up to date with eligible doses (boosters).
- No, I have not been vaccinated. I understand that I will not be able to enter the studio at this time. WRNS Studio will do its best to accommodate the business need.

Proof of Vaccination Submission

- WRNS Studio requires all visitors to submit proof of vaccination, including eligible doses (boosters). **Please email this form and proof of vaccination to allison.derrig@scup.org.**