

Wellness Attestation Form

Directions: Fill out your emergency contact information below. Bring this form with you on the day of your scheduled shadowing experience.

Student Name: _____

Emergency Contact for Day of Shadowing: _____

Relation: _____

Phone Number(s): _____

----- For Office Use Only – Do Not Mark Below This Line -----

Be prepared to answer the following questions on the day you are scheduled to shadow.

I attest to the following:

I have not suffered from respiratory symptoms (runny nose, cough, etc) in the last 48 hours.	true	false
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I have not suffered diarrhea, vomiting, and/or fever in the last 48 hours.	true	false
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Student Signature: _____ Date: _____