



Dedicated Nursing Associates, Inc.
COVID-19 Attestation

Date: _____

Yes No Have you traveled outside of the country within the last 14 days to any of the following countries: China, Iran, South Korea, Italy, or Japan?

Yes No Have you been in close contact with anyone that has been diagnosed with the COVID-19 (Coronavirus) within the last 14 days?

Yes No Have you or anyone close to you experienced a temperature, cough, or shortness of breath within the last 14 days?

I, _____, have confirmed that:
(Name - Printed)

- I have not or will not be traveling internationally within three weeks prior to my start date or during my assignment.
- I will notify my Staffing Firm/Recruiter and Client if there are any changes to my travel plans.
- I will self-report any symptoms of the virus that I am experiencing to my Staffing Firm/Recruiter and Client before and while on assignment.
- I understand that I am expected to follow CDC Guidelines before and while on assignment

Updated information can be found at the Centers for Disease Control website:
<https://www.cdc.gov>

Name (signature)

Date Signed