



Dedicated Nursing Associates, Inc. COVID-19 Attestation

Date: _____

Yes ☐ No ☐ Have you traveled outside of your local residential town or zip code within the last 14 days?

If you answered yes, where did you travel? _____.

Yes ☐ No ☐ Have you recently been in close contact with anyone that has tested positive for COVID-19 (Coronavirus) within the last 14 days? Close contact is defined as being within 6 feet for 10 minutes or more from a period of 48 hours before symptom onset (source: PA DOH, Dr. Levine), **without the use of proper PPE?**

Yes ☐ No ☐ Have you or anyone close to you (Family or Friends) exhibited any symptoms of COVID-19 (Fever, Cough, Shortness of Breath, G.I. Symptoms, Headaches, or Sore Throat)? Close contact is defined as being within 6 feet for 10 minutes or more from a period of 48 hours before symptom onset (source: PA DOH, Dr. Levine).

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

- I have not or will not be traveling outside of my local town or zip code within two weeks prior to my start date or during my assignment.
- I will notify my Staff 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 immediately before going into an assignment and/or while on assignment.
- I understand that I am expected to follow CDC and the Department of Health Guidelines before and while on assignment

Updated information can be found at the Centers for Disease Control website: <https://www.cdc.gov> or by visiting: <https://www.dedicatednurses.com/employee-wellness/>

Name (signature)

Date Signed