

HENRY KENGONG NTORO, LLC

144 Merrimack Street, Suite 441, Lowell Massachusetts, 01852

HENRY KENGONG NTORO, LLC STAFF AND/OR VISITOR HEALTH ATTESTATION FORM

(To be completed upon the arrival of every shift)

Please **tick YES/NO** for each question.

- | | | |
|---|--------|----------------------|
| 1. Fever/Temp/Chills | YES/NO | If yes, what degree: |
| 2. Cough | YES/NO | |
| 3. Severe Headache | YES/NO | |
| 4. New Loss of Smell or taste | YES/NO | |
| 5. Gastrointestinal Distress | YES/NO | |
| 6. Shortness of Breath | YES/NO | |
| 7. Sore Throat | YES/NO | |
| 8. Muscle Aches | YES/NO | |
| 9. Runny Nose/Congestion | YES/NO | |
| 10. Contact with anyone/program diagnosed or being tested for COVID 19 within the last 48 hours | Yes/No | |

I certify that I _____ (name of staff) have none of the above health symptoms.

Comments:

Name of Staff/Visitor (Please Print) _____

Signature of Staff/Visitor _____

Program Location/Date: _____

Witness/Program Manager: _____