

**VISITOR/VOLUNTEER/CONTRACTOR ATTESTATION**

Before entering the campus of any MCSD school or a work site on any MCSD property, you are **REQUIRED** to sign this attestation of understanding and agreement that you will monitor yourself for illness.

Review these self-monitoring questions. By signing this attestation, you agree that you are **REQUIRED** to exclude yourself from all MCSD school campuses/work sites if you meet any of the following criteria, as set forth by the Centers for Disease Control & Prevention:

1. Fever (100.4 or greater)
2. Sore Throat
3. Cough/ Shortness of Breath
4. Muscle and/or Body Aches
5. Severe Headache
6. Nausea/ Vomiting/ Diarrhea
7. Being in close contact with anyone who has been diagnosed with COVID-19

Please seek attention as needed with your personal medical provider if you meet any of this criteria.

**ATTESTATION:** I understand and agree to follow the requirements:

1. I will monitor myself for illness before entering a school or work site.
2. If I am ill, I will exclude myself from MCSD school/work site.
3. I will not report to MCSD if I have been in close contact with someone who has been diagnosed with, or placed in quarantine for COVID-19.
4. I will immediately notify the school of any changes to my phone number or address.
5. If I become ill during school, I will immediately exclude myself from MCSD school/work site.
6. I will follow any/**ALL** guidelines from Florida Department of Health-Monroe, Epidemiology Division if/when contact tracing requires I be excluded from the school setting.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_