Ascension Wisconsin - COVID-19 Screening Attestation Form

1) To be completed daily when the online application attestation could not be completed by Associate or Provider.
2) Please circle "Yes" or "No" to each question on the form.
3) If any response is "Yes" report this to your leader and Employee Health IMMEDIATELY and do not report to work. Ascension Associate Health will provide further guidance and next steps.

Associate/Provider Name: _____ **Department:** _____

Date	Have you had a known exposure to COVID?	Fever over 99.5?	NEW or CHANGING Cough?	Shortness of breath not typical for you?	New loss of taste or smell?	Diarrhea more frequent than usual?
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No