



Attest Statement

NAWIC Chapter: _____

Event: _____

I, _____, do hereby attest that I do not have or do not believe I have COVID-19 and have no signs or symptoms of possible COVID-19, as outlined by the Center of Disease Control (CDC):

- Cough
- Sore throat
- Headache
- Fatigue
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Chills
- Nausea or vomiting
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0° Fahrenheit
- Muscle or body aches

I further attest that I have had no known close contact with a person who is lab-confirmed to have COVID-19 within the last 14 days.

Signature: _____

Date: _____