



**The Arc Greater Hudson Valley Day Services
Attestation Form
Effective 4/8/2021**

Site: _____

Name (print) _____

Date: _____

Person/Parent/Guardian/Care Provider Signature: _____

Has the person traveled internationally within the last 14 days?	Y	N
Has the person had contact with any person who has tested positive for COVID19 in the last 14 days?	Y	N
Does the person have any symptoms associated with COVID 19? (e.g., fever/chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.)	Y	N
Has the person had a positive COVID 19 test in the past 14 days?	y	N
Temperature Doesn't exceed the agency threshold of 99.5	Y	N

Anyone with a temperature over 99.5 and/or a yes to any of the above questions are not to enter the building and must contact Lynne Colley (845 797 7737) immediately for further instruction.

For office use only

Attestation Review Print: _____

Attestation Reviewer Title: _____

Attestation Review Signature: _____

Date: _____