

Fall 2021 Move-in Attestation Form

In an effort to follow University COVID-19 guidelines, **all** campus visitors are required to complete this form. Please note that a maximum of two (2) family members may accompany each student into the residence hall at any time and each guest must fill out an individual form.

Date:

Student Name:

Student UNI:

Student Residence Hall:

Visitor Name:

Tel No:

Visitor Email:

I affirm that I have:

- NOT experienced any symptoms of COVID-19 in the past 14 days (fever, cough, shortness of breath or difficulty breathing, fatigue, chills, headache, repeated shaking with chills, nausea, muscle pain or body aches, sore throat, congestion or runny nose, abdominal pain/diarrhea, or new loss of taste or smell)
- NOT tested positive for COVID-19 in the past 14 days
- NOT knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19
- (regardless of my citizenship) fully complied with the vaccination, travel testing and quarantine policies of the Centers for Disease Control (CDC)

☐ Yes, I affirm that I have not experienced any of the situations or criteria above, to the best of my knowledge.

**IMPORTANT NOTICE: If you develop symptoms while on the premises,
you must immediately leave the campus.**

Visitor Name printed: _____

Visitor signature: _____

Please print this form and bring it with you to campus.