

## Personal Attestation Form

AAIM Employers' Association is committed to the safety of our employees. To ensure safety, we are requiring that all employees working in the office complete and provide this form to Brandi Temples immediately upon entrance to the office.

	Yes	No
All questions are required. Please put a ✓ in the appropriate column.		
1. Are you currently experiencing, or have you in the last 14 days experienced, any symptoms such as fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, body aches or muscle pain, sore throat, headache, diarrhea, nausea/vomiting, runny nose, and new loss of taste or smell?		
2. Have you been in close contact (less than six feet) in the last 14 days with any persons who have been diagnosed COVID-19 or were experiencing any symptoms such as fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, body aches or muscle pain, sore throat, headache, diarrhea, nausea/vomiting, runny nose, and new loss of taste or smell?		
3. Have you traveled via airplane in the last 14 days?		
4. Have you been advised by a healthcare provider to self-quarantine due to COVID-19?		
5. Have you tested positive for COVID-19?		
If yes, what date did your quarantine end?		

### Temperature Screening

Pass (less than 100.4 degrees Fahrenheit)

Fail (100.4 degrees Fahrenheit or higher)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date