

COVID-19 CERTIFICATION

In accordance with New York State guidelines, I,

_____ hereby certify that:
(Print Name)

- I have had no COVID-19 symptoms (fever, cough, shortness of breath, etc.) within the past 14 days; and
- I have not tested positive for COVID-19 within the past 14 days; and
- I have not been in close contact with any person having a confirmed or suspected case of COVID-19 within the past 14 days.

Signed: _____

Print Name: _____

Dated: _____