

# Attestation Form

University System of New Hampshire  
Board of Trustees Meeting  
Concord, NH

<https://www.usnh.edu>

Do you have any of the following symptoms of COVID-19:

- a. Fever (a documented temperature of 100.4 degrees Fahrenheit or higher) or are feeling feverish;
- b. Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough, or shortness of breath;
- c. Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough, or shortness of breath;
- d. General body symptoms such as muscle aches, chills, and severe fatigue;
- e. Gastrointestinal symptoms such as nausea, vomiting, or diarrhea; or
- f. Changes in your sense of taste or smell?

Yes

No

Have you been in close contact with someone who is suspected or confirmed to have had COVID-19 in the past 14 days?

Yes

No

Have you traveled in the past 14 days either:

- a. Internationally (outside the U.S.);
- b. By cruise ship;
- c. Domestically (within the U.S.) outside of NH, VT, RI, CT, MA. Or ME (regardless of his/her mode of transportation)

Yes

No

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_