

MUJC Visitor Health Attestation

Section 1: Symptoms

As per the New Jersey Department of Health, any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and those with COVID-19 may experience any, all, or none of these symptoms.

Visitors should self-monitor symptoms on a **daily** basis for any evidence of illness/exposure as outlined below. For those with chronic illness only new symptoms or symptoms worse than baseline should be considered for the exclusion criteria.

If you exhibit the symptoms below (regardless of vaccination status and post COVID-19 illness within the last 90 days), remain home and email your absences.

List A (2 symptoms)

- chills
- rigors
- myalgia (muscle aches)
- headache
- sore throat
- rash
- fatigue
- congestion or runny nose
- runny/red eyes

List B (1 symptom)

- fever (100.4 or higher)
- cough
- shortness of breath
- difficulty breathing
- new loss of taste or smell
- nausea/ vomiting
- diarrhea
- tested positive for COVID-19 within the past 10 days

If **TWO OR MORE** symptoms in list A are exhibited or **AT LEAST ONE** symptom in list B is exhibited, remain home.

Section 2: Close Contact/Potential Exposure

Fully vaccinated individuals and those that have recovered from COVID-19 (within the past 90 days) are EXEMPT from the following scenarios. To be considered fully vaccinated you must be more than 2 weeks following your final dose of either a 2 shot series (Pfizer/Moderna) or a 1 shot series (J&J). Your vaccination record and/or medical documentation of COVID-19 illness MUST be on file with Human Resources to be exempt from the following scenarios.

Do any of the additional criteria below pertain to you? If so, remain home and email your absence. Medical or other documentation may be needed.

- I have been a close contact of someone who has symptoms associated with COVID-19 (close contact is defined as being within 6 feet of an infected individual for a period of 15 minutes or more in a 24 hour period)
- I have been advised to isolate or self-quarantine by a government agency or physician.
- I have traveled internationally in the past 10 days.
- Someone in our household is awaiting COVID-19 test results, due to illness, or has tested positive.

I have read all information above and understand my expectation.