

Covid-19 Attestation Form

- **Do you have any signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?**
 - Yes
 - No
- **In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness?**
 - Yes
 - No
- **Have you traveled internationally within the last 14 days to countries with sustained community transmission? (Current affected countries include: China, Iran, Italy, South Korea, Australia, Canada, Brazil, Japan, Israel, Malaysia, Most European Countries, United Kingdom & Ireland)**
 - Yes
 - No
- **Have you traveled on a cruise ship within the last 14 days?***
 - Yes
 - No
- **Do you reside in a community where community-based spread of COVID-19 is occurring?**
 - Yes
 - No
- **Do you understand that if any of the above answers would change as indicated, you must notify Dr Elizabeth McCorkle immediately for further direction?**
 - Yes
 - No
- **If you are in a higher-risk group, such as those over age 60 and those with compromised immune systems or lung and heart function, do you understand that the recommendation is to delay your procedure?**
 - Yes
 - No

Signature _____ Date _____

Name _____

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