**COVID-19 QUARANTINE ATTESTATION**

**Centers for Disease Control and Prevention (CDC) Guidance for COVID-19 exposures:**

**Who is considered a close contact?**

* **Individual who has had close contact (within 6 feet for a total of 15 minutes or more in a**

**24 hour period), direct physical contact, or caregivers for those who have tested positive for COVID-19 while they were symptomatic or in the 48 hours prior to symptom onset**

**Recommended Precautions:**

* **Stay home for 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times**
* **Self-monitor for symptoms**
* **Check temperature twice a day**
* **Watch for COVID-19 symptoms such as cough, fever, loss of sense of smell or taste, muscle aches, nausea/vomiting, diarrhea**
* **Avoid contact with people at higher risk for severe illness from COVID-19**
* **Call your Physician or Urgent Care if you develop symptoms**

**As of November 16, 2020, COVID-19 spread is EXCEPTIONALLY HIGH in Coshocton County. Due to this, the Health Department is prioritizing case investigations and may not be able to make all contact notifications in a timely manner. Contacts are encouraged to utilize this document as an attestation form for those who have been notified by COVID-19 cases that they are indeed a contact who needs to quarantine.**

**Attestation:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I was contacted by a COVID-19 case and I meet the CDC definition of a close contact as outlined above.**

**Date of last contact with COVID-19 case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended date to quarantine through (2 weeks from date above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**