

**Student Health Declaration – COVID-19**

I, \_\_\_\_\_, hereby certify, represent, and warrant that within the twenty-one (21) days immediately preceding the Date of this Health Declaration Form (“Declaration”), I HAVE NOT:

- a) Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable disease (“Coronavirus”);
- b) Experienced any symptoms commonly associated with the Coronavirus;
- c) Been in any location designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or authority, such as a country for which the Center for Disease Control and Prevention (“CDC”) issued a Level 3 Travel Advisory for Coronavirus;
- d) Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

In the event my health status changes, including without limitation being diagnosed with Coronavirus and/or quarantined, I agree to immediately notify PhlebotomyU of said change and stop attending class until such time that I am cleared by my medical doctor to do so.

I agree to adhere to any and all PhlebotomyU Practical Classroom Protocols, including without limitation consenting to have any PhlebotomyU staff member or agent take my temperature daily during class and view and record the result.

By signing below, I freely agree to the terms of this binding Declaration and in doing so represent the truthfulness and veracity of the above answers.

---

Signature

---

Date