

COVID-19 Attestation for Osawatomie State Hospital

Name: _____

Phone: _____

Email: _____

Please answer the following questions:	Yes	No
1. Have you or anyone else in your household tested positive for COVID? If Yes: when?		
2. Where have you been working for the last 60 days?		

I affirm that all the information contained above is true and accurate. I understand that any falsification, misrepresentation or omission may result in my immediate termination.

Signed: _____ Date: _____