

Caltech Y COVID-19 Rental Form

I have not experienced any of the following symptoms (apart from those attributable to seasonal allergies or a diagnosed chronic medical condition) **within the past 14 days**

or

I have experienced symptoms of illness and have consulted with my healthcare provider who has cleared me to return to work:

- Cough
- Shortness of breath or difficulty breathing
- Fever (100 degrees or greater)
- Chills
- Runny nose or new sinus congestion not associated with seasonal allergies
- Muscle pain not associated with exercise
- Headache
- Sore throat
- Fatigue
- New gastrointestinal symptoms (diarrhea, vomiting)
- New loss of taste or smell

In addition:

I have NOT been exposed (within 6 feet for more than 15 minutes) to a confirmed case of COVID-19 **within the last 14 days**.

I have NOT cared for a household member who is ill with symptoms consistent with COVID-19 **within the last 14 days**.

I am no currently in isolation due to a COVID-19 exposure risk.

If you are unable to attest to the above, or if you develop symptoms of illness while using these materials or shortly after using the materials, please immediately contact Miranda Maxwell. mmaxwel@caltech.edu or caltechy@caltech.edu

When signing this, I understand that all of the above information is truthful and accurate.

Name _____

Signature _____