



Visitor Self Certification of Health prior to accessing MWRA property

The MWRA is committed to providing a safe and healthful work environment. Therefore, in accordance with guidance provided by the State of Massachusetts, we are implementing a self-certification of health policy for all visitors that must access MWRA property.

COVID-19 Symptoms:

- Fever or chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Diarrhea
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Cough

Self-Certifying Statements- To the best of my knowledge: True(T) or False(F)	T	F
I have had no signs of a fever or a measured temperature above 100.0 degrees F.		
I have not had symptoms of Covid-19 within the past 48 hours. Symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, diarrhea, nausea or vomiting.		
I have not had "close contact" with any individual diagnosed or showing symptoms consistent with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.		
I have not been asked to self-isolate or quarantine by a doctor or a local public health official.		
I understand that I must maintain a physical distance of 6 feet from others at all times.		
I understand that I must wear a CDC compliant face covering at all times.		

I am certifying that the statements above about symptoms or exposure to COVID-19 are accurate at this time. I understand that each time I access an MWRA facility I am certifying that the above statements are true.

Your Name	
Your Company	
Your Cell phone #	
Time of visit	
MWRA Contact	
Reason for visit	
Signature	Date

Completed form should be returned to the MWRA meeting host and emailed to Human Resources at: Emily.Dallman@MWRA.com