



**U.S. Department of Veterans Affairs**

Robert J. Dole VA Medical Center

Dole VA Student Attestation During COVID-19

I certify that before I report to the Robert J Dole VA each day, I self-screen. This includes:

If I have a fever, a new or worsening cough or shortness of breath, flu-like symptoms, loss of smell, loss of taste, nausea, vomiting or diarrhea; I will speak with the appropriate supervisor at the VA PRIOR to reporting to work.

I will report international travel and travel to areas placed on the Kansas Department of Health and Environment quarantine list to my supervisor.

I agree to wear a mask while in the facility and to observe 6-foot distancing whenever possible.

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)