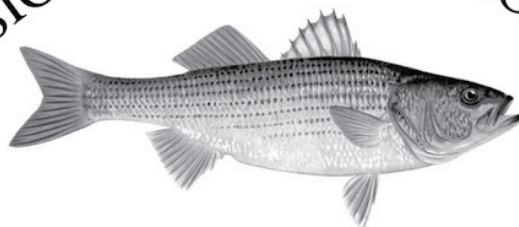


SIGLER GUIDE SERVICE



Marblehead, MA USA

WWW.STRIPER.COM

**COVID Daily Health Attestation Form**  
(must be submitted prior to departure)

1. Name of Participant(s) \_\_\_\_\_

\_\_\_\_\_

2. Contact Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

3. Has any participant been experiencing any of the following symptoms (not related to chronic/known conditions or seasonal allergies):

Cough, Fever, Shortness of breath, Headaches, Fatigue, Congestion, Runny Nose, Sore Throat, Severe Muscle Aches, Nausea, Vomiting, Diarrhea, Rash, Loss of Sense of Taste or Smell.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

4. Has any participant (to the best of your knowledge) been exposed to anyone testing positive for COVID-19 in the past 14 days?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Attesting's Name \_\_\_\_\_ Date: \_\_\_\_\_

Attesting's Signature \_\_\_\_\_