# Submitting a COVID Self-Attestation
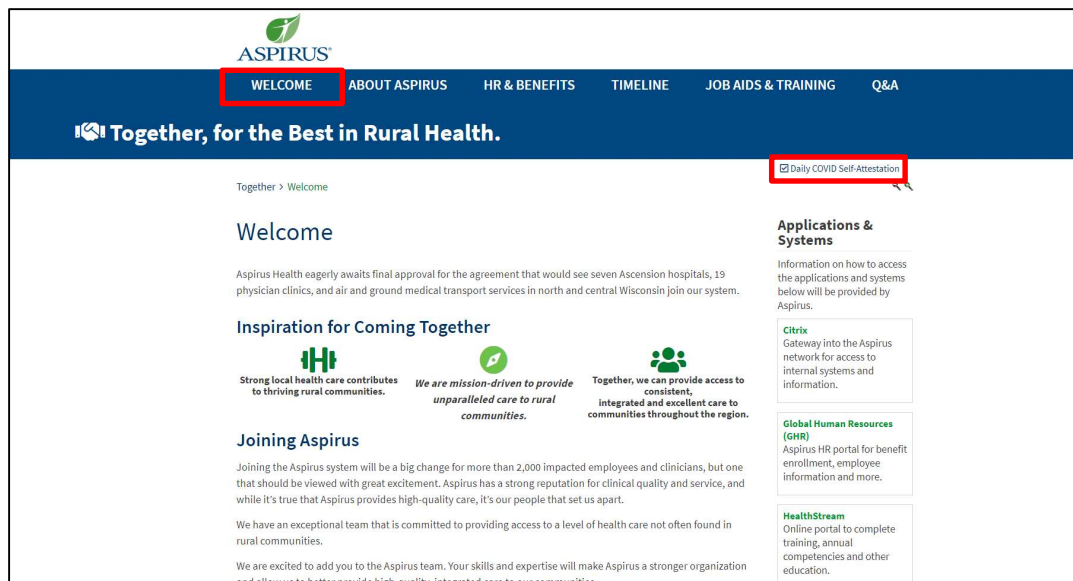
**You only need to submit a self-attestation if you:**
- **Have COVID-19 symptoms.**
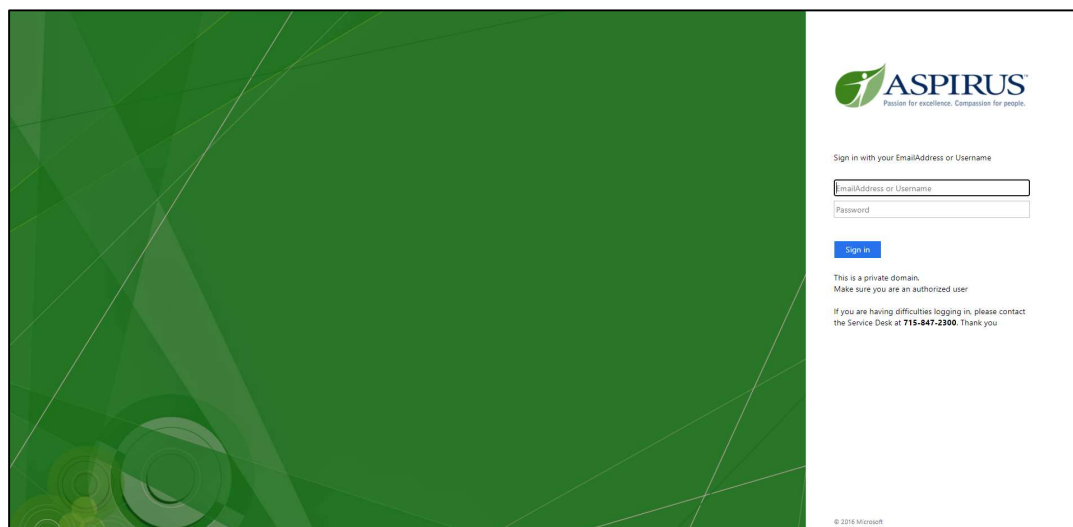- **Have a confirmed exposure to COVID-19 at work, regardless of symptoms.**

***Please Note*** This change does not apply to skilled nursing or assisted living facilities. These locations will maintain their current employee and visitor screening practices.

*This process can be completed using a laptop, PC, or mobile device.

1. On the Aspirus microsite "Welcome" page in the top right corner click on "Daily COVID Self-Attestation".



2. Log in using your network username and password.

3. Carefully read and answer the first question on the form.

> \* I have received a positive COVID test result in the last 10 days AND it was NOT managed through Aspirus Employee Health
>
> ○ Yes
> ○ No

4. Carefully read and answer the second question on the form.

> \* YOU MUST READ ALL OF THE FOLLOWING QUESTIONS ❓ ✕
>
> Do you have a temperature greater than 100.0 °F (37.8 °C)?
> Do you have new or worsening chills not related to an existing condition?
> Do you have a new or worsening cough not related to an existing condition?
> Do you have new or worsening shortness of breath not related to an existing condition?
> Do you have a new or worsening sore throat not related to an existing condition?
> Do you have new or worsening congestion or runny nose not related to an existing condition?
> Do you have a new or worsening headache not related to an existing condition?
> Do you have new or worsening body or muscle aches or soreness not related to an existing condition or over exertion?
> Do you have new or worsening fatigue not related to an existing condition?
> Do you have new or worsening nausea not related to an existing condition?
> Do you have new or worsening vomiting not related to an existing condition?
> Do you have new or worsening diarrhea not related to an existing condition?
> Do you have new or worsening loss of smell or taste not related to an existing condition?
> Have you had close, unprotected contact (within 6 feet for a cumulative total of 15 minutes or more over 24-hour period without a face mask) with a person who you know is positive for COVID-19 within the past 14 days?
>
> ○ Yes; I have answered YES to one or more of the above questions.
> ○ No; I have answered NO to ALL of the above questions

5. If you answered "No" to all of the questions, you are **<u>cleared</u>** for work, please click "Submit" to save your form.

> Cleared instructions ❓
>
> **CLEARED FOR WORK!** ✕
>
> **You must click on submit to complete your attestation.**
>
> [ Submit ]

6. If you answered "Yes" to the first two questions, you are **<u>not cleared</u>** for work, and you we will be required to provide additional information.

> **DO NOT REPORT TO WORK!** ✕
> **Immediately contact your manager to report your absence.**
> **Employee Health will contact you regarding your illness within 24 hours.**
>
> **You must enter your contact number and click on submit to complete your attestation.**

7. Please provide a contact number and click "Submit" to save your form.

> \* Contact number
>
> [_____]
>
> [ Submit ]

If you have questions about this process or would like more information, please contact the Employee Health Illness Center at 715-843-1198.