

LDEO Safety / Security Covid 19 Attestation Form

This form is to be completed and sent back to visitor@ldeo.columbia.edu

Date of Visit:

Your Name & Company Name
(If applicable):

Name of person you are
visiting & Building you are
visiting (if known):

DAILY ATTESTATION TO ENTER LDEO CAMPUS

Select any of the following:

You have experienced **any symptoms of COVID-19** in the past 14 days (fever, cough, shortness of breath or difficulty breathing, chills, repeating shaking with chills, muscle pain, sore throat, abdominal pain/diarrhea, or new loss of taste or smell)

In the past 14 days you have returned to the US from any international destination.

You knowingly have been in **close contact** in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19

You **tested positive** for COVID-19 in the past 14 days

NONE of the above

Note: Exceptions may be granted by the LDEO Safety Office under certain situations. Contact the LDEO Safety office prior to your arrival for an exception. If you have been given an exception, you must attach the approval e-mail to this form when presenting the form to the Front Entrance.

LDEO Safety / Security Office
E-mail: safety@ldeo.columbia.edu
Phone: 845-365-8822 or 845-365-8860