hospitals-of-providence

**The Hospitals of Providence**

**COVID-19 Attestation**

Please read each of the following statements and sign and date.

1a. I attest that I have not traveled 100 miles outside of the El Paso area in the past 14 days OR

1b. I attest that I have traveled 100 miles outside the El Paso area and have quarantined for at least 14 days with no symptoms of COVID-19

2. I currently do not have any symptoms of the COVID-19 virus.

3. I attest that if I begin to show symptoms of COVID-19 I will not enter any Hospitals of Providence facility and inform the Office of Medical Education immediately at 915-270-0700.

4. I attest that I will follow all protocols established by The Hospitals of Providence during my education experience including not enter any patient room that requires the use of PPE.

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Signature Date