



Medical Certification

I certify that I have not had a fever or any other symptoms of COVID-19 in the last 14 days.

I further certify that I have not visited a doctor related to symptoms of COVID-19 in the last 14 days.

I further certify that I have not been tested for COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who tested positive for COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who has been tested for COVID-19 and is awaiting the result of that test in the last 14 days.

I agree that if I begin to feel ill while at Southern Crescent Technical College. I will promptly leave campus and seek medical attention.

Name: _____

Date: _____

Signature: _____