**Vermont Housing Finance Agency**

**Self-Certification**

**Health Assessment**

1. I am not sick nor do I have a respiratory illness. I am not symptomatic (fever, cough, shortness of breath, sore throat, runny nose, body aches, chills, fatigue, headache, eye drainage, congestion, or loss of taste or smell).
2. To the best of my knowledge I have not been in contact with anyone with symptoms of COVID-19 or tested positive for COVID-19 within the last 14 days.
3. In the last 14 days I have not travelled outside the State of Vermont to a “quarantine county”.
4. I have traveled outside of Vermont and have quarantined for a period of 14 days; or quarantined for 7 days and received a negative test result.
5. I have been engaging in social distancing.
6. I have taken my temperature and I do not have a temperature over 100.4º F or 38º C.

By signing this self-certification, you are indicting that you have complied with the requirements above.

Organization/Company

Printed Name

Signature

Date