

# Wellness Confirmation Form

**Directions:** Fill out your emergency contact and information below. Bring this form with you on the day of your scheduled shadowing experience.

Student Name: \_\_\_\_\_

Emergency Contact for Day of Shadowing: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

-----For office use only. DO NOT FILL OUT BELOW LINE-----

**Be prepared to answer the following questions on the day you are scheduled to shadow.**

I confirm the following:

-I have not suffered from any respiratory symptoms (runny nose, flu-like symptoms, labored breathing, cough, etc) in the last 48 hours.

Initial here: \_\_\_\_\_

-I have not suffered from diarrhea, vomiting, and/or fever in the last 48 hours.

Initial here: \_\_\_\_\_

-I have not been exposed to any person(s) infected with COVID-19 within the last 14 days.

Initial here: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_