

Equipment Operator Health Screening Attestation

Operator Name

Date

Equipment Operated

Health Screening

- ☐ No fever or chills
- ☐ No coughing or shortness of breath
- ☐ No recent loss of taste or smell
- ☐ No sore throat or muscle aches
- ☐ No close contact with anyone confirmed or suspected to have a contagious illness

I attest that the above information is accurate and true to the best of my knowledge.

Operator Signature

Date