



Preparing people to lead extraordinary lives

LOYOLA UNIVERSITY RETREAT & ECOLOGY CAMPUS

COVID-19 Vaccination and/or Test Status Self Certification Form

I certify that at least ONE of the following is true: (Choose 1):

- I am fully vaccinated against COVID-19. NOTE: To be fully vaccinated, you must have received one of the USFDA emergency-approved COVID-19 vaccinations, with **AT LEAST 14 days** since receiving your final dose.
- I have received a negative viral test result for COVID-19 **within 72 hours** of the event specified below.

By signing, I certify that the above statements are true and correct. I further certify that:

- I do not currently have COVID-19 symptoms (cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell);
- I have not traveled internationally within the last 14 days;
- I have not traveled to a highly impacted area within the United States in the last 14 days;
- I have not had close contact with anyone in the last 14 days who is confirmed or suspected to have COVID-19;
- I will wear a mask at all times while inside the building (except when eating, drinking or in my guest room);
- I will practice social distancing (as practicable).

Signature

Date

Event Title

Event Date