



COVID-19 ATTESTATION FORM

Access Health Care Physicians, LLC, a Florida limited liability company (“Company”), strictly adheres to the CDC guidelines related to COVID-19.

- Volunteers will agree to follow all Access Health Care Physicians, LLC, protocols as they relate to the mitigation of the COVID-19 virus.
- Volunteers will not present to their assigned location if they are febrile and are demonstrating signs and symptoms of illness.
- Volunteers will notify their preceptor if they are planning to travel to an area that is considered an epi-center. Pursuant to any travel outside of the state of Florida or to an epi-center within the state, the volunteer understands that they must self-quarantine for a period of 14 days upon returning.
- Volunteers will wear a mask at all times while on Access premises, inclusive of PA break rooms and work areas.
- While eating or drinking, the volunteer will practice social distancing for the time that they are not wearing a mask.

Signature

Print Name

Date

Approved as to Form

Nancy McClain Alfonso

General Counsel, HCSB