Researcher Attestation for In-Person Human Subjects Research

Instructions: All researchers (faculty, staff and students) must complete the following attestation within 24 hours prior to each in-person human research participant visit.

By signing below, I attest that the information provided below related to COVID 19 is a true and correct reflection of my status to the best of my knowledge. Further, I agree that if any of the information below is not a correct reflection of my status, I will not participate in any in-person human subjects research.

1. I am complying with all applicable provisions of the UNE Onward Plan.
2. Neither I nor anyone else in my household has had any of the following symptoms in the last fourteen (14) calendar days that were not diagnosed as something other than COVID-19, even if they were mild:
   a. Shortness of breath or difficulty breathing
   b. Chest pressure
   c. Cough
   d. Temperature exceeds 100.4 F when measured with a household thermometer
   e. New loss of smell or taste
   f. Sore throat
   g. Muscle pain
   h. Headache
   i. Congestion or runny nose
   j. Nausea or vomiting
   k. Diarrhea
3. Neither I nor anyone else in my household has tested positive or been diagnosed with COVID-19 within the past thirty (30) days.
4. I have not had close contact (within 6 feet for 15 or more minutes) with anyone who has a confirmed COVID-19 diagnosis or is experiencing COVID-19 symptoms within the last 14 days.
5. Within the past 14 days, no public health or medical professionals have told me to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.
6. In the last 14 days, I have not travelled outside of the State of Maine except to locations on the State of Maine Governor’s list of exempt States without first quarantining appropriately or receiving a negative COVID-19 test upon re-entering Maine.
7. I am not currently waiting for the results of a COVID-19 test.

Name:_____________________________________
Signature:_________________________________
Date:_____________________________________