



# Birch Run Township

8425 Main Street • P.O. Box 152 • Birch Run, MI 48415

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## EXHIBIT C

### BIRCH RUN TOWNSHIP WELLNESS SCREENING AFFIRMATION

I, \_\_\_\_\_, am an employee, official or personnel member with Birch Run Township, and I hereby affirm that I am not knowingly afflicted with any of the following symptoms:

- Fever – Physical Temperature: \_\_\_\_\_
- Cough
- Shortness of breath
- Sore throat
- Tiredness
- Diarrhea

I further affirm that in the past 14 days I have not knowingly been in contact with anyone who has been diagnosed with Coronavirus/COVID-19 or who has exhibited or been afflicted with any of the above-described symptoms.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date