I hereby consent to be tested for SARS-CoV-2, which is the virus that causes the disease known as COVID-19, and that Bowdoin College may disclose my test results to the business named below and to the Maine Center for Disease Control & Prevention. Further, I understand that I must wear a mask that complies with Bowdoin policies indoors, properly covering both my nose and mouth, and I attest that I will do so. I understand that Bowdoin College is relying on the truthfulness and accuracy of this attestation. I further understand that an untruthful or inaccurate attestation may adversely affect the ability of the business named below to continue to perform services for the College.

Business Name: _________________________________________

Signature: ______________________________________________

Printed Name: __________________________________________

Date: _________________________