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 Maine Center for Disease Control & Prevention. Further, I understand that I must wear a face covering 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 my candidacy for a position at Bowdoin.

Position Applied For: _________________________________________

Signature: ______________________________________________

Printed Name: __________________________________________

Date: ________________________