



**MIDWEST RESEARCH GROUP**  
**ST. CHARLES PSYCHIATRIC ASSOCIATES**  
4801 WELDON SPRING PARKWAY • SUITE 300  
ST. CHARLES, MO 63304  
636 946-8032

In conjunction with the St. Louis City Health Department's Order dated May 11, 2020, I certify the following to be true:

1. I am not currently experiencing a fever over 100.4 and have not experienced a fever of 100.4 for the last 72 hours.
2. I am not experiencing illness, including but not limited to new shortness of breath, new or worsened cough, sore throat, or a loss of taste or smell.
3. I have not been exposed to any person(s) with a confirmed case of COVID-19 for the last 14 days.
4. I have not traveled out of the country or been exposed to any area with a high number of confirmed cases of COVID-19 for the last 14 days.
5. I will not come into the office if I feel ill or come into contact with someone who has a confirmed case of COVID-19.
6. I agree to wear a mask while in the office.
7. I will contact the office if the information in this certification changes.

If your answers to all the above questions are YES, please sign and date this form and email to [research@midwestresearchgroup.com](mailto:research@midwestresearchgroup.com). This electronic signature is considered as an original.

If your answers to any one of the above questions is NO, do **not** come into the office and contact the office at 636-946-8032 to make other arrangements.

Thank you for your cooperation and patience.

Name

Signature

Date