

Amador County

**SIGNATURE PAGE**

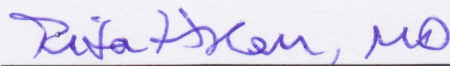
Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order

Covid-19 County Variance Attestation Form

I, Rita Kerr, M.D., hereby attest that I am duly authorized to sign and act on behalf of Amador County, California. I certify that Amador County has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Amador County, California, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name: Rita Kerr, M.D.

Signature: 

Position/Title: Amador County Health Officer

Date: May 9, 2020