

Travel & Mandatory Self-Quarantine/Testing COVID-19 Form

Self-certification of no symptoms

Student/Staff Name: _____

Building: _____

Grade (if applicable) _____

Date: _____

Prior to returning to the school, I hereby certify the following:

1. Have no signs of a fever or a measured temperature above 100.3 degrees or greater, a cough or trouble breathing within the past 24 hours.
2. Have not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.
3. Have not been asked to self-isolate or quarantine by their doctor or a local public health official.

Student/Staff Signature:

Print Student/Staff Name:

Parent Signature (if applicable):

Print Parent Name (if applicable):

Adopted by the NMRSD School Committee:

Informational Review: October 8, 2020

NMRSD First Vote:

NMRSD Immediate Adoption: October 19, 2020
