



KEEPING NOTRE DAME SCHOOLS SAFE!

COVID-19 CHECKLIST

You must first complete this checklist:

1. Have you tested positive for COVID-19 in the past 14 days?

Yes ___ No ___

2. Have you been in close contact with anyone who has been diagnosed with COVID-19 or been placed in quarantine for possible contact with COVID-19?

Yes ___ No ___

3. Have you been notified by medical provider to remain home because of COVID19 in the past 14 days?

Yes ___ No ___

4. Have you travelled internationally, from another state or from any NYS county with significant community spread of COVID-19 in the past 14 days?

Yes ___ No ___

If you have answered yes to any of the above questions, you must provide written proof of a negative COVID-19 test.

Officials Name: _____ Date: _____

Address: _____ Ph.#: _____

Temperature: _____ Taken By: _____