COVID-19 Attestation Form Student Self-Declaration

We are asking ALL	. students to begin	tracking their he	ealth and co	ompleting the	below attesta	ation form.	Commuting
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4. During the last 14 days, have you:

Tested positive for being infected with the coronavirus (COVID-19)?
Yes / No

If "Yes", please provide date of test and name of test:

Tested positive for the antibodies for the coronavirus (COVID-19)?
Yes / No

If "Yes", please provide date of test and name of test:

- Shown any symptoms asso