



Student Travel History-Enrollment Questionnaire

Student Name: _____ Date: _____

1. Have you or anyone in your family lived in or traveled to a country with widespread Covid-19 transmission?

Yes No

2. Have you or anyone in your family had contact with an individual with confirmed Covid-19 within the previous 21 days?

Yes No

Printed name of person completing form

Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.