



Priest/Lay Employee/Student Health Screening “Before and After” Travel from ADOM

Last Name, First Name _____ Parish/Entity _____

Traveled to _____ (cities/states/countries)

Departed S. Fl on _____ Returned S. FL on _____

Traveled by air personal car other(s) car(s)

Stayed with S Fl household only family/friends outside S Fl household

Stayed at home of family/friends hotel rental home

During the travel outside of S. Fl, the Student/employee:

Practiced social distance of at least 6’ from everyone

Wore mask everywhere in public except when actually eating

Wore mask when with anyone not in S. Fl household, whether inside or outdoors

Avoided anyone who is sick or with symptoms that might be COVID-19

Avoided crowds of any sort, anywhere

Came into contact with anyone who has / had COVID-19 or is quarantined

Depending on circumstances and my capacity to exercise safe behaviors with respect to exposure to COVID-19 during my travel, I realize my parish/school/employer may require me to quarantine upon my return for 3 days, test using PCR test (not antigen) and remain quarantined until NEGATIVE PCR test results are received. I understand that the negative test results must be presented to my parish/school/entity once received in order to return to school or work. Virtual learning for students is available during quarantine.

I am electing to travel outside of S. Fl and have received this form prior to my departure in order to under the requirements of the ADOM to maximize the safety and good health of all students and employees. I realize vacation or personal time off will be used for required quarantine time.

Parent/Student Priest or Employee signature

Date

ENTITY NOTES: