



## 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 the tri-county area of the ADOM, 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 within the USA, 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 the ADOM tri-county area and have received this form prior to my departure in order to understand 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.

Quarantine is mandatory following INTERNATIONAL TRAVEL. See POLICY.

\_\_\_\_\_  
Parent/Student, Priest or Employee signature

\_\_\_\_\_  
Date

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ENTITY NOTES: