COVID-19 Screening and Testing Verification Form

School:	Program Dates:

				One Must be Checked		Required
	First Name	Last Name	Participant Type Student, Cabin Leader, or Classroom Teacher	Check if Confirmed Negative COVID Test in last 24 hours	Check if Positive test in last 90 days and 10 days have passed since first positive test or start of symptoms	Check if Symptom free & fever free for 24 hours w/o medication
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Signature of School Staff Member Verifying Results: _____