

TRAVEL DISCLOSURE

Below, please indicate information pertaining to any/all personal or professional travel outside the perimeters of Erie County and submit to the School Office. *Please note this information will be confidential.*

Family Name: _____

Date: _____

Dates of Travel: Departure _____ Returned _____

Locations of Travel: _____

Please include your signature indicating your response to the following questions:

To the best of my knowledge, I have not been exposed to anyone showing/indicating symptoms of illness (i.e. COVID-19).

I believe that I have been exposed to at least one individual showing/indicating symptoms of illness (i.e. COVID-19) and believe that I should self-quarantine for a period of 14 days.

Received by: _____

Date: _____