

VISITORS

I acknowledge that (i) my answers will be used to determine my right to access GMAHS, (ii) if I am granted access to GMAHS, I will strictly adhere to and follow all CDC guidelines and recommendations posted at GMAHS.

If any questions 4 - 10 are answered YES, please stay home or exit the building

1. Date

2. Visitor Name

3. Reason for visit

4. Have you returned from international travel (outside the United States) within the last 14 days?

Yes

No

5. Have you returned from a state listed on Pennsylvania's recommended quarantine list in the last 14 days?

Yes

No

6. Have you had close contact with or cared for someone being tested for or diagnosed with COVID-19 within the last 14 days?

Yes

No

7. Have you been in close contact with anyone who has returned from international travel within the last 14 days?

Yes

No

8. Have you experienced any TWO of the following symptoms in the last 14 days: fever, chills, fatigue, myalgia, headache, sore throat, congestion, nausea, vomiting or diarrhea?

Yes

No

9. Have you experienced any ONE of the following symptoms: cough, shortness of breath, difficulty breathing or new loss of taste or smell?

Yes

No

10. Have you been medically directed to self-quarantine due to possible exposure to COVID-19?

Yes

No

11. Registered forehead temperature if not taken at home _____

12. My temperature is below 100.4 without fever prohibiting medicine prior to my arrival at GMAHS?

Yes

No

ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID -19

Understanding the risks of COVID 19, I willingly agree with Gwynedd's guidelines to limit the exposure and spread of COVID 19 and other communicable diseases. While risks can be managed in part, Gwynedd cannot eliminate such risks nor guarantee that transmission will not occur.

I also hereby agree to accept and assume all risk of personal injury, illness related to COVID 19 to me and all family members arising from such participation. I agree to waive and release Gwynedd Mercy Academy High School, its officers, trustees, employees, and agents from any claim on account of illness, death, disability or harm arising out of or attributable to the event I am participating in.

Signature: _____

Updated 9/30/2020

