

COVID-19 SAT Test Day Safety Screening Form

Marple Newtown High School

Saturday, May 8, 2021; 7:45 a.m-8:15 a.m. (check-in)

Name:

In the past 14 days, I have not come into close contact (within 6 feet) with someone who has tested positive for the Covid-19 test or is presumed to have COVID-19.
I do not have COVID-19 or have reason to believe I have COVID-19. Symptoms of COVID-19 include cough, fever, chills, muscle pain, shortness of breath or difficulty breathing, sore throat, new loss of taste or smell.
To my knowledge, I am not violating any travel restrictions or quarantine requirements.
I agree to wear a mask the entire time I'm at this test center and follow instructions from test center staff, otherwise I will be dismissed.
We have taken measures to help create a safe testing environment; however, it isn't possible to entirely remove the risk of COVID-19 exposure. By entering the testing room, you're accepting that risk.

Your signature below indicates that you agree the statements above are true to ensure the safety of all test takers and staff members in the building.

By signing below you also agree to maintain a distance of at least 6 feet from other individuals; to wash my hands with soap and water for at least 20 seconds as frequently as possible or use hand sanitizer if soap and water are not available; cover my coughs or sneezes with a sleeve, elbow, or tissue; not to shake hands; not to congregate in the hallways.

Signature:
