The Anglo-American School of Moscow

Daily Pass

Please fill in the Form in BLOCK CAPITALS

Student ID ST- ______ Date __/__/__ (dd mm yy)

Student First Name

Student Last Name

1. Have you, or anyone in your household, experienced fever, difficulty breathing, or other flu like symptoms in the last 72 hours?

☐ Yes ☐ No

2. Have you returned from international travel in the last last 14 days?

☐ Yes ☐ No

3. Within the past 14 days, have you been in close physical contact (1.5 meters or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

☐ Yes ☐ No

Parent/Guardian Name

Parent/Guardian Signature: ______________________

Health Check Form / ENG / Version 1.0 / August 2020

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