



# St. Thomas Aquinas High School

## Priest/Lay Employee/Student Health Screening

### "Before and After" Travel from ADOM

If Student, ID# \_\_\_\_\_ Day Color/Remote \_\_\_\_\_ Parent Phone \_\_\_\_\_

Does your student belong to a current STA sports team? \_\_\_\_\_

If yes, STA team name: \_\_\_\_\_

Last Name, First Name \_\_\_\_\_

Traveled to \_\_\_\_\_ (cities/states/countries)

Departed S. Fl on \_\_\_\_\_ Returned S. FL on \_\_\_\_\_

Traveled by                      air                                      family car                      other(s) car(s)

Stayed with                      S Fl household only                      family/friends outside S Fl household

Stayed at                              home of family/friends                      hotel                              rental home

Traveled with non-STA sport team: Name \_\_\_\_\_

*During the travel outside of S. Fl, the Student/employee:*

Practiced social distance of at least 6' from everyone, everywhere at all times

Wore mask everywhere in public except when actually eating

Wore mask when with anyone not in S. Fl household, even indoors

Avoided anyone who is sick or with symptoms that might be COVID-19

Avoided crowds of any sort, anywhere

Came into contact with anyone who has / had COVID-19 or is quarantined

Depending on circumstances and my capacity to exercise safe behaviors with respect to exposure to COVID-19 during my travel, I realize my school/employer may require me to quarantine upon my return for 3 days, test using PCR test (not antigen) and remain quarantined until NEGATIVE PCR test results are received. I understand that the negative test results must be presented to my school/entity once received in order to return to school or work. Virtual learning is available during quarantine.

I am electing to travel outside of S. Fl and have received this form prior to my departure in order to learn the requirements of the ADOM to maximize the safety and good health of all students and employees.

\_\_\_\_\_  
Parent/Student or Employee signature

\_\_\_\_\_  
Date

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NOTES: