



## Seoul Foreign School COVID-19 Visitor Campus Entry Form

Please complete this form following Seoul Foreign School's Visitor Policy amidst the COVID-19 pandemic. Entry will only be allowed after review of the completed form. Thank you for your cooperation.

### Personal Information

Name: \_\_\_\_\_

(If you are a parent: Student Name: \_\_\_\_\_)

Mobile Phone Number: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

1. Have you or your family member had a fever of 37.5°C or higher in the past 24 hours?

Yes       No

2. Have you or your family member had any COVID-19 symptoms in the past 24 hours?

COVID-19 symptoms: Sore throat, coughing, difficulty breathing, chills, muscle pain, headache, nausea, vomiting, diarrhea, loss of smell or taste, etc.

Yes       No

3. Have you or your family member been to an identified cluster infection place in the past 14 days?

Yes       No

4. Have you or your family member been classified as a close contact of a COVID-19 patient in the past 14 days?

Yes       No

5. Have you or your family member been overseas in the past 14 days?

Yes       No

6. Do you currently have a family member or co-resident who is under quarantine?

Yes       No

I certify that the information provided above is truthful without any omission or concealment of information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_