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American School			Badge/Student Num							,								
First Name																		
Last Name																		
1. Have you, or anyone in your household, experienced fever, difficulty breathing, or other flu like symptoms in the last 48 hours?	2. Withir you bee (1.5 met 15 minuis know - confirm	<ul> <li>if YES, then you confirm the following:</li> <li>You have been vaccinated less than 6 months ago</li> <li>OR had laboratory confirmed COVID-19 in the last 6 months</li> <li>Yes</li> <li>No</li> <li>You reside in the same household with the positive close contact</li> </ul>																
Yes No	Ye		• You reside in the same nousehold with the p										No					
Date / / / / / / / / / / / / / / / / / / /	Signature:  Daily Pass / Visitor / ENG / V 3.0 / February 2022																	
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School			Badge/Student Nun															
of Moscow  First Name																		
Last Name																		
1. Have you, or anyone in your household, experienced fever, difficulty breathing, or other flu like symptoms in the last 48 hours?  Yes  No	2. Within the past 7 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?  Yes  No						• You have been vaccinated less than 6 months ago OR had laboratory confirmed COVID-19 in the last 6 months  Yes  No • You reside in the same household with the positive close contact  Yes  No											
Date															ıary 2022			
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