



REGIONAL SCHOOL DISTRICT 13

ENGAGE • EMPOWER • THRIVE

COVID-19 TRAVEL CERTIFICATION FORM

I, _____ certify that:

____ I have not visited an affected state/country within the past 14 days.

____ I have visited an affected state/country within the past 14 days and have received a negative COVID-19 test, which I have included with this form.

____ I have visited an affected state/country in the past 14 days and have self-quarantined for 14 days from the time I was last in the affected state/country.

Signature

Date