



GROESBECK INDEPENDENT SCHOOL DISTRICT

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James B. Cowley, Ed. D.
Superintendent of Schools

Groesbeck ISD Visitor Health Declaration COVID-19 (Novel Coronavirus)

In light of the recent outbreak of COVID-19 (Novel Coronavirus), we are taking the extra precautions to protect the health and well-being of students, staff, and visitors of our schools.

As part of the visitor registration/sign-in for this school, we ask that you attest to the following:

NOTE: This document may be updated based on latest government / medical guidance .

Yes	No	
		I have been to a COVID-19 Level 3* Country as indexed by the CDC within the last 14 days.
		I have had contact with person(s) who has/have been to a COVID-19 Level 3* Country as indexed by the CDC within the last 14 days.
		I have had contact with person(s) who is/are confirmed or suspected of having COVID-19.
		I am currently experiencing flu-like symptoms (fever, cough, shortness of breath) consistent with COVID-19.

** CDC defines COVID-19 Level 3 currently as Mainland China, South Korea, Iran, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)*

We ask for your full support with this updated guidance. We all have a shared responsibility to minimize the risk of exposure and protect our individual and collective health.

If you responded “yes” to any of the above questions, for the safety of those on this campus, you are restricted from entering the facility. Visitors who decline to complete this Visitor Health Declaration will not be permitted to enter the campus.

Self-declaration records will be used and disclosed for the purpose of managing campus access during the risk period and as may be required by law.

Please let us know if you have any questions or concerns and thank you for your cooperation.

Person visiting:

Name: _____

Date: _____

Signature: _____