

โรงเรียนประชาคมนานาชาติ INTERNATIONAL COMMUNITY SCHOOL

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Covid-19 Disclosure Form for On-Campus Visitors

Full Name:		
Cellphone Number:		
Date of Visit:		
Purpose of Visit:		
Please answer the following questions	s honestly.	
1. Have you been in close contact with Yes ☐ No ☐	a positive Covid-19 patient	over the last 14 days?
2. Do you live in the same household as	s a positive Covid-19 patien	t?
3. Have you been contact traced or are	you currently under investig	gation as a Covid-19 patient?
4. Have you taken a Covid-19 ATK test Yes ☐ No ☐	within the past 72 hours?	
5. The result of the ATK test was: Negative Positive		
Please sign below to acknowledge that the above information is accurate and true.		
	Signature	Date