



In accordance with Texas Education Agency guidelines and in consultation with the Harris County Health Department, information must be gathered for attending Lutheran North High School as a venue. This form must be completed and signed before participation can be permitted.

Name (please print)

Date: JULY 27, 2020

In the past 14 days have you experienced new or worsening symptoms of the following?
(check YES or NO)

YES NO

Cough

Loss of taste or smell

Shortness of breath

Muscle pain

Chills

Headaches

Repeated shaking with chills

Sore Throat

Diarrhea

Known to have close contact with a person that was lab-confirmed to have COVID-19 if that contact occurred from July 13-July 27

You or a household member have been outside the country from July 13-July 27

A person has visited you or your household who has been outside the country from July 13-July 27

Signature _____