



OUT-OF-STATE EMPLOYEE TRAVEL

GENERAL INFORMATION

Employee Name: _____

Date Departed PA: _____

Date Returned to PA: _____

COVID-19 TEST AND QUARANTINE STATUS

I certify that one of the following is true:

- I was tested within 72 hours prior to my return to the Commonwealth of Pennsylvania, and either received a negative test result for COVID-19 prior to my return, or quarantined in Pennsylvania until I received negative test results.
- I was unable to test, or did not test, within 72 hours prior to my return to the Commonwealth, and therefore I quarantined until I received a negative test result for COVID-19 in Pennsylvania.
- I have quarantined for 14 days upon return from travel outside the Commonwealth of Pennsylvania.
- I have quarantined for 10 days upon return from travel outside the Commonwealth of Pennsylvania. I did not test positive for COVID-19 during my quarantine. I have had no (and currently do not have) COVID-19 symptoms. I agree to wear a face covering, consistent with Updated Department of Health Orders, and shall comply with other non-pharmaceutical interventions, such as social distancing, through Day 14 of my return to the Commonwealth, while at work.

AUTHORIZATION

I attest that the above information is accurate and complete. I further attest that I have no COVID-19 symptoms and, to the best of my knowledge, I have not been within close contact to a positive case. I further agree to monitor my symptoms and immediately report to the District any new or developed COVID-19 symptom.

Employee Signature: _____ Date: _____

****Return this form to Human Resources****