



# NORTH PANOLA SCHOOL DISTRICT

Central Office

470 Hwy 51 North

Sardis, MS 38666

Phone: (662) 487-2305

Fax: (662) 487-2050

Tammy Campbell, MSN/ Ed. APRN NP-C

*"Providing a Quality Education for All Students"*

## COVID-19 SELF REPORTING FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

<b>I am completing this form because:</b>
<input type="radio"/> I have been tested for COVID-19 or have been advised to be tested.
<input type="radio"/> I have been in direct contact with a COVID-19 positive person.
<input type="radio"/> I have symptoms of COVID-19.
<input type="radio"/> I have observed an individual exhibiting COVID-19 symptom.
<input type="radio"/> I have been advised by an individual that they have COVID-19.

<b>Reason for self-quarantining:</b>
<input type="radio"/> Travel out of state
<input type="radio"/> Travel out of country
<input type="radio"/> Other

<b>Location of Quarantine:</b>
<input type="radio"/> Your own home
<input type="radio"/> Relative's home
<input type="radio"/> Hospital
<input type="radio"/> Other

By submitting this form, I am granting permission to be contacted via email or phone by a member of the district administration concerning the information provided.

I acknowledge: \_\_\_\_\_