

## COVID-19 Monitoring Form

Date: \_\_\_\_\_

| Name                                     | Time in                     | Time out | Name | Time in | Time out |
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| <b>Supervisor Submitting information</b> | Name: _____ Activity: _____ |          |      |         |          |

**\*Please submit to Sam Engelland at [samuelengelland@gasd.org](mailto:samuelengelland@gasd.org) or hand in to the school's main office.**