



VOLUNTEER HEALTH SCREENING FORM: VERIFICATION

Attention Garvey School District Volunteers:

On behalf of the Garvey School District Board of Education, staff, and students, thank you very much for being a partner in education. Your willingness and commitment to serving our students and staff make a difference.

Pursuant to the Los Angeles County Department of Public Health and Garvey School District Covid-19 protocols, I confirm that the following is true and agree to the following:

- ☐ I am fully vaccinated.
- ☐ I have not had any Covid-19 related symptoms in the last 5 days.
- ☐ I have not been exposed to anyone with Covid-19 in the last 10 days.
- ☐ I will be tested by District staff with a rapid antigen test and I understand that I must test negative to be eligible to volunteer.
- ☐ I understand that I am required to wear a mask at all times.
- ☐ I understand that I must maintain 6 ft. distancing at all times.

I acknowledge that I have read and understand the safety protocols.

Volunteer Signature: _____

Volunteer Name: _____ Date: _____

DISTRICT HEALTH TEAM VERIFICATION:

The above volunteer has met the requirements above and is cleared to volunteer.

Name of District Health Staff Verifying

Date