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Chad Daugherty, Superintendent | John Trout Interim Assistant Superintendent for Business | Jay Peters, Director of Curriculum

## **Staff Home COVID Test Verification Form**

Staff Name \_\_\_\_\_ (Please Print)      DOB \_\_\_\_\_ (MM/DD/YYYY)

I am 18 years of age or older and I have received a positive home COVID-19 test on \_\_\_\_\_ (Date).

“I declare that this statement about my positive home COVID-19 test is true and accurate. I understand that knowingly providing false information regarding my home COVID-19 test on any form may subject me to disciplinary action.”

\_\_\_\_\_  
*Signature of Staff*

\_\_\_\_\_  
*Date*



Huntington County Community School Corporation



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