

COVID-19 Compliance Form
First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_, hereby agree that I am following all Northeastern Guidelines and Regulations in regards to COVID-19, including, but not limited to:
- Proof of Vaccination Submitted
- Completion of Weekly Testing
- Completion of Daily Wellness Check

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

