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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
