**BY SIGNING BELOW I AGREE THAT:**

* I have read and understood the EDS Covid-19 Secure Procedures Document.
* I will NOT attend class if I, or anyone I live with, has any Covid-19 symptoms (high temperature; new continuous cough; loss of, or change to, sense of smell or taste).
* I will notify EDS as soon as possible should I test positive for Covid-19.
* I provide the following details for Test & Trace purposes (which will be kept securely):

**NAME:**

**PHONE NO:**

**EMAIL ADDRESS:**

**SIGNED:**

**DATE:**