

Northwood Technical College
Positive COVID-19 Self Disclosure Form

Staff/Student ID	Staff/Student Name	Date of Birth
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Residential Address	City	State	Zip	County of Residence
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Date of Positive Notification to Individual	Agency Providing Positive Notification to Staff/Student
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Date Symptoms Began	Last Date Physically on a Northwood Tech Campus
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Additional Details Including Class dates, name of class, name of instructor, or work area.