People who have respiratory symptoms (

Sam Ho S [redacted]

MEMBER **THE TEXAS STATE UNIVERSITY SYSTEM**

STUDEN ER

936-294-1805 shc@shsu.edu

For use at: General’s Market OR Old Main Market

*This form must be presented to the cashier ______time a meal is being picked up.

Please provide a “to-go” box for a meal to be taken the following student who is ill:

Student’s Name and SAM ID#: (of the student who the meal is for)

Name:____

ID#:__________________________

____

Start Date (for meal pick up)

This form is good for a maximum of 10 days from the start date.
