

STUDENT NAME: _____

GRADE _____

TEACHER: _____

DATE: _____

Prior to entering school each day, a PARENT/GUARDIAN must certify the student is free of any of the symptoms in the COVID-19 Screening box below and must show this form upon entry to school, and turn in to the staff member at the door.

Carefully read through the Screening Questions Below and mark, with a large X as indicated, in the appropriate Yes or No box.

<p style="text-align: center;">YES</p> <p>I certify that my child is free of all COVID19 symptom as listed in the screening questions.</p> <p>Mark this box with a bold X so it is easily visible upon entry to the school.</p>	<p style="text-align: center;">COVID SCREENING QUESTIONS FOR PARENT CERTIFICATION OF STUDENT</p> <p>Has the student been in close contact of someone with COVID-19 within the past 14 days?</p> <p>Has the student been directed to self-quarantine by a health care provider or by the County or State Department of Public Health?</p> <p>Is the student experiencing any of the following symptoms?</p> <ul style="list-style-type: none">• Fever of 100.4 or greater or taking fever-reducing medication• Cough or sore throat• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache• New loss of taste or smell• Congestion or runny nose• Nausea or Vomiting• Diarrhea	<p style="text-align: center;">NO</p> <p>I certify that my child is NOT free of all COVID19 symptom as listed in the screening questions.</p> <p>Do not report to school.</p> <p>Parent or guardian should call the office to report your non-attendance.</p>
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PARENT SIGNATURE _____

