| Student Name:Date   | Student Name:Date   | Student Name:Date  |
|---|---|--|
| My child does not have any of the following symptoms  | My child does not have any of the following symptoms  | My child does not have any of the following symptoms   |
| r has not had any of the following symptoms in the past 3   | or has not had any of the following symptoms in the past three  | or has not had any of the following symptoms in the past three   |
| ays, which are new or not explained by another reason:  | days, which are new or not explained by another reason:   | days, which are new or not explained by another reason:  |
| o A fever of 100.4°F or higher or a sense of having a fever   | o A fever of 100.4°F or higher or a sense of having a fever   | o A fever of 100.4°F or higher or a sense of having a fever  |
| o Shortness of breath or difficulty breathing   | o Shortness of breath or difficulty breathing   | o Shortness of breath or difficulty breathing  |
| o A cough   | o A cough   | o A cough  |
| o A headache  | o A headache  | o A headache   |
| o A sore throat   | o A sore throat   | o A sore throat  |
|   |   |  |
| o New loss of taste or smell  | o New loss of taste or smell  | o New loss of taste or smell   |
| o Muscle or body aches  | o Muscle or body aches  | o Muscle or body aches   |
| o Nausea/vomiting/diarrhea  | o Nausea/vomiting/diarrhea  | o Nausea/vomiting/diarrhea   |
| o Congestion/runny nose – not related to allergies  | o Congestion/runny nose – not related to allergies  | o Congestion/runny nose – not related to allergies   |
| o Unusual fatigue   | o Unusual fatigue   | o Unusual fatigue  |
| o Chills  | o Chills  | o Chills   |
| My child has not been in close contact with anyone with suspected   | My child has not been in close contact with anyone with suspected   | My child has not been in close contact with anyone with suspected  |
| confirmed COVID-19 within the past 14 days.   | or confirmed COVID-19 within the past 14 days.  | or confirmed COVID-19 within the past 14 days.   |
| Within the past 14 days, a public health or medical professional has  | Within the past 14 days, a public health or medical professional has  | Within the past 14 days, a public health or medical professional has   |
| t told my child or a member of our family to self-monitor, self-isolate, or   | not told my child or a member of our family to self-monitor, self-isolate, or   | not told my child or a member of our family to self-monitor, self-isolate, or  |
| If-quarantine because of concerns about COVID-19.   | self-quarantine because of concerns about COVID-19.   | self-quarantine because of concerns about COVID-19.  |
| My child has not had any medication to reduce a fever before  | My child has not had any medication to reduce a fever before  | My child has not had any medication to reduce a fever before   |
| ming to school.   | coming to school.   | coming to school.  |
| My child has not had a positive COVID-19 test for active virus in the   | My child has not had a positive COVID-19 test for active virus in the   | My child has not had a positive COVID-19 test for active virus in the  |
| ast 10 days.  | past 10 days.   | past 10 days.  |
| Record current temperature  | Record current temperature  | Record current temperature   |
| arent Signature:  | Parent Signature:   | Parent Signature:  |
|   |   |  |
|   |   |  |
| udent Name:Date   | Student Name:Date   | Student Name:Date  |
|   |   |  |
| My child does not have any of the following symptoms  | My child does not have any of the following symptoms  | My child does not have any of the following symptoms   |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three   | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three  |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason:  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:   | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason: o A fever of 100.4°F or higher or a sense of having a fever  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever   |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason: o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing   |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason: o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough   |
| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason: o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A headache   | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A headache   | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A headache  |
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| My child does not have any of the following symptoms has not had any of the following symptoms in the past 3 ys, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A headache o A sore throat o New loss of taste or smell o Muscle or body aches o Nausea/vomiting/diarrhea o Congestion/runny nose – not related to allergies o Unusual fatigue o Chills My child has not been in close contact with anyone with suspected   | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A headache o A sore throat o New loss of taste or smell o Muscle or body aches o Nausea/vomiting/diarrhea o Congestion/runny nose – not related to allergies o Unusual fatigue o Chills  | My child does not have any of the following symptoms or has not had any of the following symptoms in the past three days, which are new or not explained by another reason:  o A fever of 100.4°F or higher or a sense of having a fever o Shortness of breath or difficulty breathing o A cough o A cough o A sore throat o New loss of taste or smell o Muscle or body aches o Nausea/vomiting/diarrhea o Congestion/runny nose – not related to allergies o Unusual fatigue o Chills  |
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