

Student Name: _____ **Date** _____

____ My child does not have any of the following symptoms or has not had any of the following symptoms in the past 3 days, which are new or not explained by another reason:

- A fever of 100.4°F or higher or a sense of having a fever
- Shortness of breath or difficulty breathing
- A cough
- A headache
- A sore throat
- New loss of taste or smell
- Muscle or body aches
- Nausea/vomiting/diarrhea
- Congestion/runny nose – not related to allergies
- Unusual fatigue
- Chills

____ My child has not been in close contact with anyone with suspected or confirmed COVID-19 within the past 14 days.

____ Within the past 14 days, a public health or medical professional has not told my child or a member of our family to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19.

____ My child has not had any medication to reduce a fever before coming to school.

____ My child has not had a positive COVID-19 test for active virus in the past 10 days.

_____ **Record current temperature**

Parent Signature: _____

Student Name: _____ **Date** _____

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