



Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Does your student have any of the following symptoms that are not attributable to another condition? If you have to check any of the boxes below, **your student will need to stay home** from school that day. If you are able to answer **NO** to every symptom and question, **then you are required** to fill out and sign this form and send it to school with your child.

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

And...

- Does anyone in your household have any of the above symptoms that are not attributable to another condition?
- Has your student been in close contact with anyone with suspected or confirmed COVID-19?
- Has your student had any medication to reduce a fever before coming to school?

Parent Signature: \_\_\_\_\_



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