

{{School District Name}}

STUDENT COVID SYMPTOM CHECKLIST (SELF CERTIFICATION)

NOTE: Please complete the STUDENT COVID SYMPTOM CHECKLIST every day before entering school grounds. This form is to protect the health and safety of both students and faculty at {{School Name}}. All parties must complete the symptom checklist and verify they are **symptom free** before being allowed on campus.

If you have multiple children at {{School Name}}, please complete a separate version for each child every day.

STUDENT NAME	GRADE / LEVEL	ADVISOR	DATE
PARENT / GUARDIAN NAME			CONTACT NUMBER
ADDRESS		EMAIL ADDRESS	

1. Has your child received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus test or from a diagnosis by a health care professional in the last 14 days. Yes No
2. Did your child have any close contact with someone diagnosed with COVID-19 within the last 14 days? Yes No
3. Has your child experienced any cold or flu-like symptoms in the last 14 days?
Fever, cough, sore throat, trouble breathing, extreme fatigue, or diarrhea? Yes No

**** If Yes, please do not come to school. Please notify the school's health department and immediately contact a healthcare professional.****

4. Did your child travel outside of the greater {{City}} area in the last 14 days? Yes No

If No, proceed to question 5.

If Yes, where specifically did you travel and dates?

Location

Date

_____	_____
_____	_____
_____	_____

5. Has the public health department provided you with any instructions for quarantine or symptom monitoring? Yes No

If Yes, please explain:

SIGNATURE (PARENT)

DATE