

Dwight Public Schools Self-Certification Card

Date: _____ Temp: _____

Child's Name: _____

Fever, Cough, Chills, and/or muscle aches	Yes	No
Sore throat, runny nose, and/or loss of Taste or smell	Yes	No
Nausea, vomiting, and/or diarrhea	Yes	No
Shortness of breath and/or headache	Yes	No
Close contact or cared for someone with COVID-19	Yes	No

Parent Signature

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