Dieterich CUSD #30

COVID-19 Symptom Pre-Certification Form

Please verify that your child is free of any of the following symptoms:  Fever (100.4 degrees or higher), fatigue, myalgia (body aches), headache, shortness of breath, cough, sore throat, congestion or runny nose, new loss of sense of taste or smell, nausea, vomiting, diarrhea, abdominal pain.

Student Name:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Symptom Free:  \_\_\_\_\_\_ 1 or more symptoms: \_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Symptom Free:  \_\_\_\_\_\_ 1 or more symptoms: \_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Symptom Free:  \_\_\_\_\_\_ 1 or more symptoms: \_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Symptom Free:  \_\_\_\_\_\_ 1 or more symptoms: \_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Symptom Free:  \_\_\_\_\_\_ 1 or more symptoms: \_\_\_\_\_

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

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