

Parent/Student Self-Certification Form
Somonauk School District #432

I, _____, certify on _____, all information below is correct for, _____.
(parent name) (date) (student name)

No fever-reducing medication has been administered prior to the school day. There has not been any recent travel outside of the US by anyone in our household. If there is a change in symptoms during the school day my student must be picked up within 30 minutes of phone contact.

Please complete the following self-certification questions below and send the form with your student to school.

Please Circle One

Respiratory Symptoms	Cough, Shortness of Breath, Sore Throat	Yes	No
GI Symptoms	Nausea, Vomiting, Diarrhea, Abdominal Pain	Yes	No
Miscellaneous	Loss of Taste or Smell, Shaking, Chills, Headache, Muscle Pain, Body Aches, Fatigue, Nasal Congestion, Runny Nose	Yes	No

Temperature: _____

Parent Signature: _____