COVID-free symptom verification

By signing this card, I certify that my child DOES NOT have any of the COVID-19 symptoms: Fever (100.4 or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, abdominal pain from unknown cause, new congestion/runny nose, new loss of sense of taste or smell, nausea, fatigue from unknown cause, muscle or body aches.

Date: _____

Student Name: _____

Parent Signature: _____

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