



Self Certification Checklist

Student Name: _____ Teacher/Grade: _____

Parent completing this form: _____

Daily Health Check

(to be completed daily before sending your child to school)

I certify that my child has not been exposed to anyone who tested positive for COVID-19 or has not been notified that he/she may have been exposed to it in the last two weeks, is currently not experiencing any **one** of the following symptoms of COVID-19, and is safe to attend school today.

Yes No

*Note: If you select no, please call the school to report your child's absence including specific symptoms or COVID-19 exposure. Please contact the school nurse for return-to-school guidance. If your child's symptoms worsen, contact your healthcare provider . Thank you for your understanding.

Symptoms of COVID 19:

- Fever (100 F or higher without fever reducing medication)
- Cough, new or worsening
- Difficulty breathing or shortness of breath
- Chills or muscle aches
- Congestion or runny nose
- Extreme fatigue
- Headache (new/unusual onset that is not related to migraine history)
- Sore throat
- Loss of taste /sense of smell
- Nausea /Vomiting
- Diarrhea
- Inflammatory symptoms: bright red rash, swollen lips, swollen hands or feet, and reddened or darkened palms or soles.

Inspire learners to be responsible, confident and successful.