

Seoul International School

ORANGE PASS FOR COVID-19

Student's Name : _____

Grade Level : _____

Date : _____

1. My child's temperature is below 37.5 degree and does not have any COVID-19 symptoms. (sore throat, coughing, difficulty breathing, chills, muscle ache, headache, loss of smell and taste)
2. No one in my household is under quarantine or suspected of showing COVID-19 symptoms.
3. My child or family member has not been to any overseas country in the past 14 days.

I confirm all of it,

Parent's Signature : _____

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