

ORANGE PASS FOR COVID-19

Remind that when the student or member of their household has the following circumstances:

- **Self-quarantine**
- **COVID-19 test**
- **Possible contact with a person who has COVID-19**
- **COVID-19 symptoms**

the school must be informed via email at nurseoffice@siskorea.org or 031-750-1317 / 1391 / 1395 and the student must stay away from school until the test is known to be negative.

Student's Name : _____

Grade Level : _____

Date : _____

1. Do you have any symptoms* of Covid-19? *(Common Symptoms)

High fever over 37.5, Cough, Shortness of breath, Chills, Muscle pain, Headache, Sore throat, Loss of smell and taste or Pneumonia
(Individuals with any underlying medical condition not relevant to COVID-19 are excluded, select 'No')

No Yes

2. Is there anyone in your home who has been tested for COVID-19 and is awaiting the result?

* Select 'No' in the case of a diagnostic test for the purpose of preemptive prevention.

No Yes

3. Is there anyone living in your home currently under self-quarantine by disease control authorities?

* Select 'No' if the person living with you is in quarantine and Your diagnostic test result is negative within 2 days from the desired date of school attendance OR There was no contact with the person living with you who was quarantined 'immediately' after receiving the quarantine notice.

No Yes

I confirm all of the above,

Parent's Signature : _____

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