



Palos School District 118
Daily Symptom Check Self Certification

Please fill out the information daily and return with your student to school. Your child will not be permitted to enter school or board a bus without this form.

Student Name: _____

School: _____ Grade: _____

SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth;
<input type="checkbox"/>	Sore throat;
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain;
<input type="checkbox"/>	New onset of severe headache, especially with a fever.

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19;
<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19;
<input type="checkbox"/>	Traveled to an area where the local or state health department is reporting large numbers of COVID-19 cases.

Parent/Guardian Signature: _____

Today’s Date: _____

If you checked any of the boxes, please keep your child home from school and contact your school’s health office to determine if your child can attend school tomorrow.



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