

District 155 COVID-19 Symptom and Contact Self Certification Form
(to be completed only by parents/guardians)

Student Name:

Date of Attendance:

Please check any of the symptoms that this student has experienced in the past 24 hours.

- Fever (100.4 F or Higher)
- New Cough
- Shortness of Breath
- New Congestion/Runny Nose
- Muscle or Body Aches
- New Onset of a Moderate to Severe Headache
- Sore Throat
- New Loss of Taste or Smell
- Nausea/Vomiting
- Diarrhea
- Fatigue (From Unknown Cause)
- None of These

Has this student had close contact (within 6 feet for at least 15 minutes) to any confirmed positive COVID-19 case in the past 14 days?

- Yes
- No

Is this student in possession of a proper mask that can be worn correctly the entire time he/she will be in or around the school?

- Yes
- No

Parent Name:

Date: