

ESD20 STUDENT HEALTH CERTIFICATION CARD

PLEASE PRINT, COMPLETE DAILY, AND RETURN TO SCHOOL WITH YOUR CHILD EACH DAY.

By signing the front of this card daily,
I certify that I have answered **NO** to all questions below:

- (1) Has your child had any of the symptoms below within the last 24 hours:
- Fever or chills (100.4 F or higher)
 - New cough, congestion or runny nose
 - Shortness of breath or difficulty breathing
 - Fatigue from unknown cause
 - Muscle or body aches
 - New moderate or severe headache
 - New loss of taste or smell
 - Sore throat
 - Vomiting, diarrhea, or nausea
 - Abdominal pain from unknown cause
- (2) Has your child been in contact with or cared for anyone who has tested positive for COVID-19 in the past 14 days?
- (3) Has your child tested positive for COVID-19 in the past 14 days?

**If I answered YES to any of the questions above,
my child will NOT go to school that day
and I will contact my child's school to report the absence.**



KEENEYVILLE SCHOOL DISTRICT 20
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By signing this form each day, I certify my child is
COVID-19 symptom and fever-free.

(print student first and last name)

PK K 1 2 3 4 5 6 7 8
(circle grade)

Parent/Guardian Signature

Date

Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		



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