

# 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 (100.4 F or higher)
  - New onset of moderate to severe headache
  - Shortness of breath
  - New cough or sore throat
  - Vomiting or diarrhea
  - New loss of sense of taste or smell
  - Fatigue from unknown cause
  - Muscle or body aches 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 10 days?

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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.



**KEENEVILLE SCHOOL DISTRICT 20**  
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## **ESD20 STUDENT HEALTH CERTIFICATION CARD**

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

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(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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