

**Daily home screening for COVID-19**

Student Name :  
Student Number :  
Section :  
Grade Level :

Date : \_\_\_\_\_

I confirm this morning:

- My child's temperature is below 37.5°C and does not have any COVID-19 symptoms (sore throat, coughing, difficulty breathing, diarrhea, nausea, vomiting, loss of smell and taste).
- No one in my household is in self-quarantine.
- My child or family member has not been to any overseas country in the past 14 days.

Parent's signature : \_\_\_\_\_

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