

COVID-19 SYMPTOM-FREE CERTIFICATION

By entering this school, you affirm that neither you or your child: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (listed below); AND (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.0 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Fatigue, muscle aches, chills, shaking, or
- Persistent headaches

I have not traveled to one of the identified "Hot Spots" in the past 14 days.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

COVID-19 SYMPTOM-FREE CERTIFICATION

By entering this school, you affirm that neither you or your child: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (listed below); AND (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.0 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Fatigue, muscle aches, chills, shaking, or
- Persistent headaches

I have not traveled to one of the identified "Hot Spots" in the past 14 days.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

COVID-19 SYMPTOM-FREE CERTIFICATION

By entering this school, you affirm that neither you or your child: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (listed below); AND (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.0 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Fatigue, muscle aches, chills, shaking, or
- Persistent headaches

I have not traveled to one of the identified "Hot Spots" in the past 14 days.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

COVID-19 SYMPTOM-FREE CERTIFICATION

By entering this school, you affirm that neither you or your child: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (listed below); AND (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.0 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Fatigue, muscle aches, chills, shaking, or
- Persistent headaches

I have not traveled to one of the identified "Hot Spots" in the past 14 days.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_