Child's Name:_____

Date:_____

The following could be symptoms of COVID 19:

- Temperature greater than 100.4
- New onset of moderate/severe headache
- Shortness of breath, new cough
- Sore throat, vomiting, diarrhea
- New loss of taste or smell
- Fatigue from unknown cause
- Muscle or body aches from unknown cause

I have read the symptoms above, and with my signature below, testify that my child:

- ❏ **Does not have a temperature greater than 100.4**
- ❏ **Does not have a new onset of these symptoms**,
- ❏ **Has not traveled to an orange state during the last 10 days (10 day quarantine required OR negative PCR results from testing not more than 72 hrs prior to return)**
- ❏ **Has not been exposed to COVID and is not currently awaiting COVID test results (nor is any other household member)**, and
- ❏ **Is able to attend school today**.

Parent/Guardian Signature:

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Child's Name:_____

Date:_____

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