



Health Check (For any student whose parent is not dropping off)

1) Is your child, or anyone in your household, experiencing any of the following new symptoms that cannot be attributed to another health condition:

- A fever of 100.4°F or higher or chills?
- A new cough, runny nose, or congestion that cannot be attributed to another health condition?
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition?
- A new sore throat that cannot be attributed to another health condition?
- Muscle aches that cannot be attributed to another health condition or activity (such as physical exercise)?
- Loss of taste or smell?
- Gastrointestinal symptoms?

2) In the past 14 days, have you or your child(ren) done any of the following:

- Had close contact with someone who is suspected or confirmed to have COVID-19?
- Travelled internationally?

3) Are you or your child(ren) awaiting results of a COVID test?

"I attest that, to the best of my knowledge, I can answer "no" to every question listed above, and that my response is accurate, honest, and complete."

First & Last Name(s) of Child(ren): _____

(PLEASE PRINT CLEARLY)

Parent Signature: _____ Date: _____