

Students must submit the following form every day prior to entering the building. Entry will be denied without this form. If you answered YES to any of the questions below, entry into the building may be denied.

Student Name:	Date:
<p>In the past 3 days, has the child experienced any of the following symptoms for most or all of the day:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Fever greater than 100F, or used a medication to lower fever</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Loss of smell or taste</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Cough, sore throat, shortness of breath, or difficulty speaking</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Diarrhea</p>	
<p>In the past 14 days, has the child had physical contact or lived in the same household as someone with Covid-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Parent Signature:	

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