Student Name		Homeroom	
I took my child's temperature today,	·		
	(date)		
Does your child have any of these sympto	ms that are not caused by another	condition?	
Fever or Chills	Fatigue	Sore throat	
Cough	Muscle or body aches	Congestion	
Shortness of breath or difficulty	Headache	Nausea or vomiting	
breathing	Recent loss of taste or smell	Diarrhea	
Within the past 14 days, has your child ha	d contact with anyone that you kno	ow with COVID-19 or COVID-like symptoms?	
Has your child or anyone in your home ha	d a positive COVID-19 test for activ	ve virus in the past 10 days?	
rias your crima or arryone in your nome na	a a positive covid 15 test for activ	e virus iii tile pust 15 days:	
	<del></del>		
My signature above verifies I too	k my child's temperature to	day and answer no to all questions.	
	•	·	
Student Name		omeroom	
I took my child's temperature today,	<del>.</del>		
	(date)		
Does your child have any of these sympto	ms that are not caused by another	condition?	
Fever or Chills	Fatigue	Sore throat	
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