

District 87 COVID-19 Self-Certification Form

All guests/visitors of Bloomington School District #87 school facilities and/or grounds are required to wear a mask. By entering Bloomington School District #87 school facilities and/or grounds, I certify that I am free of any of the following symptoms of COVID-19 at the time I sign this form:

- **Fever or chills**
- **Cough**
- **Shortness of breath or difficulty breathing**
- **Fatigue**
- **Muscle or body aches**
- **Headache**
- **New loss of taste or smell**
- **Sore throat**
- **Congestion or runny nose**
- **Nausea or vomiting**
- **Diarrhea**

To my knowledge, in the past 14 days I have had no close contact (for 15 minutes within 6 feet) with any individual who tested positive for or is suspected of having COVID-19. I am also not experiencing any new confusion or bluish lips or face.

I certify that I am not experiencing any symptoms of COVID-19, and that my temperature is below 100.4^{oF} as checked by a reliable thermometer today.

I understand that if I am experiencing any of these symptoms or refuse to wear a mask, I will not be allowed to enter any Bloomington School District #87 school facilities and/or grounds.

Building visited _____

Printed Name _____

Signature _____

Date _____

Time _____