



**COVID-Free
Symptom Certification**

By signing this card, I certify that my child has not been in close contact with a person with a confirmed positive case of COVID-19 within the past 14 days and **DOES NOT** have any of the following COVID-19 Symptoms:

Fever (100.4 or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, abdominal pain from unknown cause, new congestion/runny nose, new loss of sense of taste or smell, nausea, fatigue from unknown cause, muscle or body aches.

Date: _____

Student: _____

Classroom Teacher: _____

Parent Signature: _____



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