D155
INSPIRE. EMPOWER. NURTURE.
Enter with promise. Leave with purpose.

District 155 COVID-19 Symptom and Contact Self Certification Form

(to be completed only by parents/guardians)

Student Name: _____ Date of Attendance: / /

Please check any of the symptoms that this student has experienced in the past 24 hours.

- ☐ Fever (100.4 F or Higher)
- ☐ New Cough
- ☐ Shortness of Breath
- ☐ Muscle or Body Aches (From Unknown Cause)
- ☐ New Onset of a Moderate to Severe Headache
- ☐ Sore Throat
- ☐ New Loss of Taste or Smell
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Fatigue (From Unknown Cause)
- ☐ None of These

Has this student had close contact (within 6 feet for at least 15 minutes) to any confirmed positive COVID-19 case in the past 14 days?

- ☐ Yes
- ☐ No

Is this student in possession of a proper mask that can be worn correctly the entire time he/she will be in or around the school?

- ☐ Yes
- ☐ No

Parent Name: _____ Date: / /