



# COVID-19 Symptom Certification Cass School District 63

Updated 9-18-20

All parents on behalf of each child riding a bus to school, as well as students, parents, visitors and employees who do not do so electronically, must certify as required below prior to entering a school district bus or building. The only exception is for business in the office that can be conducted in five minutes or less. **Face masks are required in school buses and inside school buildings at all times.**

### Individual Being Certified

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Check One:  Student  Parent  Employee  Visitor

Location:  Concord  Cass  Bus and Concord  Bus and Cass

**Do you or does this child have any of the following symptoms?** (The ones marked as **New\*\*\*** do not need to be checked IF they are previously existing symptoms AND can be attributed to allergies or another pre-existing condition. Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Temperature of 100.4° Fahrenheit or greater   | <input type="checkbox"/> Sore throat                   |
| <input type="checkbox"/> New cough***                                  | <input type="checkbox"/> Shortness of breath           |
| <input type="checkbox"/> New congestion or runny nose***               | <input type="checkbox"/> Diarrhea                      |
| <input type="checkbox"/> New loss of sense of taste or smell***        | <input type="checkbox"/> Nausea or vomiting            |
| <input type="checkbox"/> New onset of a moderate to severe headache*** | <input type="checkbox"/> Muscle or body aches          |
| <input type="checkbox"/> Abdominal pain from an unknown cause          | <input type="checkbox"/> Fatigue from an unknown cause |

NO, I certify that I have none of the symptoms listed above.

**If ANY of the symptoms are checked, please do NOT enter any buses or buildings.**

*\*Parents - Please report this information and any symptoms immediately to your child's school.*

*\*Employees - Please report your absence, indicate if you can work from home and you will be contacted regarding symptoms and any required next steps and protocols.*

**Have you been in close contact with anyone who has tested positive for COVID-19, or is suspected of having COVID-19, starting from two days prior to the onset of their symptoms or, if they are asymptomatic, from two days prior to their positive test date until they are isolated?** ("Close contact" is defined as being within six feet or less for 15 minutes or more throughout the course of a day).

YES

NO, I certify that I have not been in close contact with anyone as described.

**If you answer YES to this question, please do NOT enter any buses or buildings.**

*\*Parents - Please report this information and any symptoms immediately to your child's school.*

*\*Employees - Please report your absence, indicate if you can work from home and you will be contacted regarding symptoms and any required next steps and protocols.*

By signing this form, I am certifying on today's date that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_