I have not developed any of the following symptoms I have not developed any of the following symptoms in the past 14 days: in the past 14 days: Fever of 100.0 or more or chills Fever of 100.0 or more or chills Cough Cough Shortness of breath or difficulty breathing Shortness of breath or difficulty breathing **Fatigue** Muscle or body aches Muscle or body aches Headache Headache New loss of taste or smell New loss of taste or smell Sore throat Sore throat **Congestion or runny nose Congestion or runny nose Nausea or vomiting** Nausea or vomiting Diarrhea Diarrhea I have not tested positive for COVID-19 and have not I have not tested positive for COVID-19 and have not had any COVID-19 symptoms in the last 14 days. had any COVID-19 symptoms in the last 14 days. I have not been in close contact with a confirmed or I have not been in close contact with a confirmed or suspected COVID-19 case in the last 14 days. suspected COVID-19 case in the last 14 days. I have not travelled internationally or to any state that I have not travelled internationally or to any state that will require me to quarantine, in the last 14 days. will require me to quarantine, in the last 14 days. Student Name: Grade: Grade: Student Name: Grade: Grade: Guardian Signature: **Guardian Signature:** I have not developed any of the following symptoms I have not developed any of the following symptoms in the past 14 days: in the past 14 days: • Fever of 100.0 or more or chills • Fever of 100.0 or more or chills Shortness of breath or difficulty breathing Shortness of breath or difficulty breathing **Fatigue Fatigue** Muscle or body aches Muscle or body aches Headache Headache New loss of taste or smell New loss of taste or smell Sore throat Sore throat **Congestion or runny nose Congestion or runny nose** Nausea or vomiting Nausea or vomiting Diarrhea Diarrhea I have not tested positive for COVID-19 and have not I have not tested positive for COVID-19 and have not had any COVID-19 symptoms in the last 14 days. had any COVID-19 symptoms in the last 14 days. I have not been in close contact with a confirmed or I have not been in close contact with a confirmed or suspected COVID-19 case in the last 14 days. suspected COVID-19 case in the last 14 days. I have not travelled internationally or to any state that I have not travelled internationally or to any state that will require me to quarantine, in the last 14 days. will require me to quarantine, in the last 14 days. Student Name: Grade: Student Name:

Guardian Signature:

Date:

Date:

Guardian Signature: