



Self Certification Checklist

Student Name: _____ Teacher/Grade: _____

Parent completing this form: _____

Daily Health Check

(to be completed daily before sending your child to school)

I certify that my child has not been exposed to anyone who tested positive for COVID-19 or has not been notified that he/she may have been exposed to it in the last two weeks, is currently not experiencing any **one** of the following symptoms of COVID-19, and is safe to attend school today.

Yes No

*Note: If you select no, please call the school to report your child's absence including specific symptoms or COVID-19 exposure. Please contact the school nurse for return-to-school guidance. If your child's symptoms worsen, contact your healthcare provider. If your child has any siblings in Minooka 201 schools, they must remain at home as well. Thank you for your understanding.

Symptoms of COVID 19:

- Fever (100 F or higher without fever reducing medication)
- Cough, new or worsening
- Difficulty breathing or shortness of breath
- Chills or muscle aches
- Congestion or runny nose
- Extreme fatigue
- Headache (new/unusual onset that is not related to migraine history)
- Sore throat
- Loss of taste /sense of smell
- Nausea /Vomiting
- Diarrhea
- Inflammatory symptoms: bright red rash, swollen lips, swollen hands or feet, and reddened or darkened palms or soles.

Inspire learners to be responsible, confident and successful.