

**Student Self-Certification**

Student name: \_\_\_\_\_

I certify that the above named student is free of COVID-19 symptoms and does not have a temperature of 100.4 degrees Fahrenheit or higher.

Please check:

- No temperature of 100.4 degrees Fahrenheit or higher
- Free of COVID-19 symptoms (No chills; muscle or body aches; sore throat; congestion or runny nose; diarrhea; fatigue; headache; new loss of taste or smell; nausea or vomiting)

Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_