

I have not developed any of the following symptoms in the past 14 days:

- Fever of 100.0 or more or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I have not tested positive for COVID-19 and have not had any COVID-19 symptoms in the last 14 days.

I have not been in close contact with a confirmed or suspected COVID-19 case in the last 14 days.

I have not travelled internationally or to any state that will require me to quarantine, in the last 14 days.

Student Name: _____ Grade: _____

Guardian Signature: _____ Date: _____

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