

COVID-19 SYMPTOM CERTIFICATION for Bus Rider Entry
Circle Yes/No below

DATE:

TIME:

Student Name	Fever, Cough, Chills, and/or muscle aches	Sore throat, runny nose, and/or loss of taste or smell	Nausea, vomiting, and/or diarrhea	Shortness of Breath and/or headache	Close contact, or cared for someone with COVID 19	Temp > 100.4
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Parent/Guardian Signature

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