

COVID Student Verification form: IDPH requires that schools conduct daily symptom screenings and temperature checks or require that individuals self-certify that they are free of symptoms before entering school buildings.

1) Have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a healthcare professional in the past 14 days?
2) Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
3) Have you experienced any cold or flu-like symptoms in the last 14 days (to include: fever or temperature of greater than 100.4 degrees Fahrenheit/38 degrees Celsius, cough, difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, and persistent loss of smell or taste)?

Directions: Please keep the top portion of this form for reference each day. Read & review questions with your student then submit the form to the teacher upon arrival.

How do you respond to these questions? (If you are able to answer "YES" to one or more of the above questions, select YES. If you are able to answer "NO" to all the questions, select NO.) IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE NOT ALLOWED TO ENTER THE BUILDING. FRIDAY: Yes ___ No ___ Temp: _____ Date: _____ Signature: _____
How do you respond to these questions? (If you are able to answer "YES" to one or more of the above questions, select YES. If you are able to answer "NO" to all the questions, select NO.) IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE NOT ALLOWED TO ENTER THE BUILDING. THURSDAY: Yes ___ No ___ Temp: _____ Date: _____ Signature: _____
How do you respond to these questions? (If you are able to answer "YES" to one or more of the above questions, select YES. If you are able to answer "NO" to all the questions, select NO.) IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE NOT ALLOWED TO ENTER THE BUILDING. WEDNESDAY: Yes ___ No ___ Temp: _____ Date: _____ Signature: _____
How do you respond to these questions? (If you are able to answer "YES" to one or more of the above questions, select YES. If you are able to answer "NO" to all the questions, select NO.) IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE NOT ALLOWED TO ENTER THE BUILDING. TUESDAY: Yes ___ No ___ Temp: _____ Date: _____ Signature: _____
How do you respond to these questions? (If you are able to answer "YES" to one or more of the above questions, select YES. If you are able to answer "NO" to all the questions, select NO.) IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE NOT ALLOWED TO ENTER THE BUILDING. MONDAY: Yes ___ No ___ Temp: _____ Date: _____ Signature: _____