Wesclin School District COVID-19 Student/Staff/Parent/Visitor Self-Screening Form – *Updated 9/22/20*

By answering NO to these questions, I certify that myself or my child is safe to attend school and DOES NOT have any of the following COVID-19 Symptoms.

Do you or your child have	Yes	No
Congestion/Runny Nose		110
Cough		
Shortness of Breath		
Fatigue		
Headache		
New Loss of taste or smell		
Sore Throat		
Nausea/Vomiting/Diarrhea		
Muscle/Body Aches/Abdominal Pain		
Known close contact with a person who has been		
diagnosed or has symptoms of Covid-19		
Temperature 100.4 or greater		
Date		
Student Name <u>(if applicable)</u>		Grade
Adult Signature_		
duit signature		
Wesclin Scho	ool District COVID-19	
Wesclin School Student/Staff/Parent/Visitor Solution Solu	y that myself or my child	
Student/Staff/Parent/Visitor S By answering NO to these questions, I certife and DOES NOT have any of the following CO	velf-Screening Form – <i>Upo</i> y that myself or my child VID-19 Symptoms.	is safe to attend school
Student/Staff/Parent/Visitor S By answering NO to these questions, I certif	elf-Screening Form – <i>Upo</i> y that myself or my child	
Student/Staff/Parent/Visitor S By answering NO to these questions, I certif and DOES NOT have any of the following CO Do you or your child have	velf-Screening Form – <i>Upo</i> y that myself or my child VID-19 Symptoms.	is safe to attend school
Student/Staff/Parent/Visitor Sty answering NO to these questions, I certified DOES NOT have any of the following CO. Do you or your child have Congestion/Runny Nose	velf-Screening Form – <i>Upo</i> y that myself or my child VID-19 Symptoms.	is safe to attend school
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Student/Staff/Parent/Visitor Sty answering NO to these questions, I certified DOES NOT have any of the following CO Do you or your child have Congestion/Runny Nose Cough Shortness of Breath	velf-Screening Form – <i>Upo</i> y that myself or my child VID-19 Symptoms.	is safe to attend school
Student/Staff/Parent/Visitor Student/Staff/Parent/Visitor Stand DOES NOT have any of the following CO Do you or your child have Congestion/Runny Nose Cough Shortness of Breath Fatigue	velf-Screening Form – <i>Upo</i> y that myself or my child VID-19 Symptoms.	is safe to attend school
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Adult Signature_____