

## Student Self Certification and Verification Form

### Student COVID-19 Self-Certification and Verification Form<sup>1</sup>

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing District 203 transportation or entering any District 203 building. Parents/Guardians **MUST** conduct this daily symptom screening prior to their student departing for school and report any symptoms in writing (as outlined below). This form must be signed and returned to the School District prior to the start of the 2020-2021 school year. Students will not be allowed to participate in in-person instruction until this form has been completed and returned to school.

As an additional precaution, temperature checks will be conducted each morning at student entrances. Temperatures will not be recorded daily. Any student exhibiting a temperature at or above 100.4 will be required to be picked up from school and may not return until the return to learn criteria have been met and the student is fever free for 24 hours.

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

#### Certification and Verification of Daily Symptom Screening

I verify that prior to utilizing District transportation and/or entering a District building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

- Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;
- Uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- Shortness of breath or difficulty breathing;
- Chills;
- Fatigue;
- Muscle and body aches;
- New onset of severe headache, especially with a fever;
- Sore throat;
- New loss of taste or smell;
- Nausea and/or vomiting;
- Diarrhea; or
- Any other COVID-19 symptoms identified by the CDC or IDPH.

By sending my student on District 203 transportation and/or to a District 203 school on any given day, I am certifying and verifying that my student has received a daily symptom screening and is not experiencing any COVID-19 symptoms.

If my student is experiencing any of the above symptoms at the time of the daily screening, I will notify the school in writing of my student's absence by sending an email/note to the school nurse which includes the symptoms my student is currently experiencing. If District staff contacts me to gather additional information related to the results of my student's daily screening, I will provide the requested information.

#### Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19; (2) my student is suspected of having COVID-19; (3) my student comes in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student traveled internationally. If the District staff contacts me to gather additional information related to the reason(s) for my student's absence, I will provide the necessary information as requested.

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<sup>1</sup> Must be signed by parent/guardian prior to the 1st day of attendance

**Student Self Certification and Verification Form**

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

*For COVID-19, the CDC defines a “close contact” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_