COVID-19 Symptom Certification
Cass School District 63

All parents on behalf of each child riding a bus to school, as well as students, parents, visitors and employees who do not do so electronically, must certify as required below prior to entering a school district bus or building. The only exception is for business in the office that can be conducted in five minutes or less. **Face masks are required in school buses and inside school buildings at all times.**

**Individual Being Certified**

Name (Please Print): ______________________ Date: __________ Time: __________

Check One: ☐ Student ☐ Parent ☐ Employee ☐ Visitor

Location: ☐ Concord ☐ Cass ☐ Bus and Concord ☐ Bus and Cass

**Do you or does this child have any of the following symptoms?** (The ones marked as **New*** do not need to be checked IF they are previously existing symptoms AND can be attributed to allergies or another pre-existing condition. Please check all that apply.)

- ☐ Temperature of 100.4° Fahrenheit or greater
- ☐ New cough***
- ☐ New congestion or runny nose***
- ☐ New loss of sense of taste or smell***
- ☐ New onset of a moderate to severe headache***
- ☐ Abdominal pain from an unknown cause
- ☐ Sore throat
- ☐ Shortness of breath
- ☐ Diarrhea
- ☐ Nausea or vomiting
- ☐ Muscle or body aches
- ☐ Fatigue from an unknown cause

☐ NO, I certify that I have none of the symptoms listed above.

*If ANY of the symptoms are checked, please do NOT enter any buses or buildings.*

*Parents - Please report this information and any symptoms immediately to your child’s school.*

*Employees - Please report your absence, indicate if you can work from home and you will be contacted regarding symptoms and any required next steps and protocols.*

**Have you been in close contact with anyone who has tested positive for COVID-19, or is suspected of having COVID-19, starting from two days prior to the onset of their symptoms or, if they are asymptomatic, from two days prior to their positive test date until they are isolated?** ("Close contact" is defined as being within six feet or less for 15 minutes or more throughout the course of a day).

- ☐ YES

- ☐ NO, I certify that I have not been in close contact with anyone as described.

*If you answer YES to this question, please do NOT enter any buses or buildings.*

*Parents - Please report this information and any symptoms immediately to your child’s school.*

*Employees - Please report your absence, indicate if you can work from home and you will be contacted regarding symptoms and any required next steps and protocols.*

By signing this form, I am certifying on today’s date that the above information is true and correct.

Signature: ___________________________ Date: __________