



COVID-19 Symptom Certification Cass School District 63

Updated 9-18-20

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.)

- | | |
|--|--|
| <input type="checkbox"/> Temperature of 100.4° Fahrenheit or greater | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> New cough*** | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> New congestion or runny nose*** | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> New loss of sense of taste or smell*** | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> New onset of a moderate to severe headache*** | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Abdominal pain from an unknown cause | <input type="checkbox"/> 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: _____