

SESSER-VALIER COMMUNITY UNIT SCHOOL DISTRICT NO. 196

COVID-19 PARENT SELF-CERTIFICATION

Student's Name: _____

Date: _____

The following are the symptom-screening questions required by the Illinois State Board of Education (ISBE) for parental self-certification of students for entry into a public school building each day:

1. Have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care 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° Fahrenheit/38°Celsius, cough, difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, and persistent loss of smell or taste)?

Individuals who are able to answer "NO" to all of the screening questions will be allowed to enter the building. Individuals who answer "YES" to one or more of the screening questions will not be allowed to enter the building.

As the parent of the student listed above, I certify that me/my child can answer "NO" to all of the symptom screening questions listed above.

Parent Signature: _____

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