

**Wesclin School District COVID-19
Student/Staff/Parent/Visitor Self-Screening Form**

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.

<i>Do you or your child have.....</i>	Yes	No
Chills		
Cough		
Shortness of Breath		
Fatigue		
Headache		
New Loss of taste or smell		
Sore Throat		
Nausea or vomiting		
Muscle/Body Aches		
Known close contact with a person who has been diagnosed or has symptoms of Covid-19		
Temperature 100.4 or greater		

Date_____

Student Name (if applicable)_____Grade_____

Adult Signature_____

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