

The following are symptoms of COVID-19. Do not send your child to school if they have ANY of the following symptoms:

- Fever of 100.4 or higher
- New moderate or severe headache
- Shortness of breath
- New cough, congestion, or runny nose
- New loss of sense of taste or smell
- Sore throat
- Vomiting, diarrhea, or nausea
- Abdominal pain from unknown cause
- Fatigue from unknown cause
- Muscle or body aches

CCSD 89 FAMILY SELF-CERTIFICATION

Student name:

I confirm that my student:

- Is of normal health.
- Has not knowingly been in contact with someone who is positive for COVID-19.
- Is not showing the signs of being positive for COVID-19 as noted by the Illinois Department of Public Health.

Signed

Date



CCSD 89 FAMILY SELF-CERTIFICATION

Student name:

I confirm that my student:

- Is of normal health.
- Has not knowingly been in contact with someone who is positive for COVID-19.
- Is not showing the signs of being positive for COVID-19 as noted by the Illinois Department of Public Health.

Signed

Date



CCSD 89 FAMILY SELF-CERTIFICATION

Student name:

I confirm that my student:

- Is of normal health.
- Has not knowingly been in contact with someone who is positive for COVID-19.
- Is not showing the signs of being positive for COVID-19 as noted by the Illinois Department of Public Health.

Signed

Date



CCSD 89 FAMILY SELF-CERTIFICATION

Student name:

I confirm that my student:

- Is of normal health.
- Has not knowingly been in contact with someone who is positive for COVID-19.
- Is not showing the signs of being positive for COVID-19 as noted by the Illinois Department of Public Health.

Signed

Date



CCSD 89 FAMILY SELF-CERTIFICATION

Student name:

I confirm that my student:

- Is of normal health.
- Has not knowingly been in contact with someone who is positive for COVID-19.
- Is not showing the signs of being positive for COVID-19 as noted by the Illinois Department of Public Health.

Signed

Date

