

**Wesclin School District COVID-19  
Student/Staff/Parent/Visitor Self-Screening Form – Updated 9/22/20**

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
Congestion/Runny Nose		
Cough		
Shortness of Breath		
Fatigue		
Headache		
New Loss of taste or smell		
Sore Throat		
Nausea/Vomiting/Diarrhea		
Muscle/Body Aches/Abdominal Pain		
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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