

ASSUMPTION SCHOOL

Covid-19 SYMPTOM FREE CERTIFICATION

By entering this school, you affirm that neither you or your child: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (LISTED BELOW): and (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.0 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Fatigue, muscle aches, chills, shaking, or
- Persistent headaches
- I have not traveled to one of the identified "Hot Spots in the past 14 days.

Student name _____

Grade _____ Date _____

Parent Signature _____

Print Name _____

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