



Student Health Self-Certification Ticket

Date

School

Student Name

Please answer the questions below:

YES NO

Has your student been out of the country and/or in a state on the current CCDPH Travel Quarantine list in the last 14 days? (cookcountypublichealth.org)

YES NO

Has your student been in contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

YES NO

Is your student experiencing any cold or flu-like symptoms? (fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea)

YES NO

Is your student's current temperature above 100.4° Fahrenheit?

If you answer **YES** to **ANY** question your student **MUST** stay home. Please call your school to report your student's absence.

Parent/Guardian Signature



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