

USA WELLNESS VERIFICATION

THE ONLINE FORM MUST BE SUBMITTED BEFORE 4:00 PM

THE DAY BEFORE RETURNING TO CLASS!

Otherwise, parents must sign a form at the school prior to the child entering the classroom.

___ *I verify that my child has been free of any of the following symptoms for at least 24 hours prior to returning to school.*

- Fever or chills
- Shortness of breath or difficulty breathing
- Unusual muscle or body aches
- Cough
- Sore throat
- Nausea or vomiting
- Diarrhea
- Congestion or runny nose not due to allergies
- Headache

___ *I verify that my child has not been in contact with anyone diagnosed with COVID-19 nor has been notified that he/she may have been exposed to it.* If exposed your child must remain at home for two weeks before returning to school, and be free of symptoms.

___ *I verify that my child has not traveled out of the area (anywhere farther than adjoining counties), and has kept separated from others not in the household as much as possible.* If traveling out of the area, the child must be quarantined for two weeks prior to a return to school, and free of any symptoms.

Parent/Guardian Verifying Child's Health: _____

Name of child: _____ Date(s) absent: _____

Date returned: _____