

Prairie Central Self-Certification Card

Please indicate all new and unexplained symptoms.

Date: _____

Child's Name: _____

Fever, Cough, Chills, and/or muscle aches Yes No

Sore throat, runny nose, and/or loss of
Taste or smell Yes No

Nausea, vomiting, and/or diarrhea Yes No

Shortness of breath and/or headache Yes No

Close contact or cared for someone with
COVID-19 Yes No

Parent Signature: _____

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