



WEST CENTRAL C.U.S.D. #235

Student COVID-19 Self-Certification and Verification Form

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education, and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing school district transportation or entering any school district building. Parents/Guardians will be conducting this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be submitted DAILY to the District Bus Driver prior to your student utilizing District transportation.

Name of Student: _____ Date of Birth: _____

School: _____ Grade Level: _____

Printed Name of Parent/Guardian Submitting Form: _____

Certification and Verification of Daily Symptom Screening

I verify that my student received a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

- Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;
- Cough;
- Shortness of breath or difficulty breathing;
- Chills;
- Fatigue;
- Muscle and body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Nausea and/or vomiting;
- Diarrhea; or
- Any other COVID-19 symptoms identified by the CDC or IDPH. ‘

By signing this document, I certify and verify that I gave my student a daily symptom screening, and he/she is not currently experiencing any COVID-19 symptoms.

Parent Signature: _____ Date: _____

If my student is showing symptoms, I will notify the school and indicate the above symptoms that my student is experiencing. If District staff contacts me to gather additional information related to the results of my student’s daily screening, I will provide the necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19; (2) my student is suspected of having COVID-19; (3) my student comes in close contact (defined as within 6 feet for more than 15 minutes) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student traveled internationally. If District staff contacts me to gather additional information related to the reason(s) for my student’s absence, I will provide the necessary information as requested.

By sending my student on District transportation and/or to school, I certify and verify that my student is not presently subject to an isolation or quarantine protocol related to COVID-19.



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