

**By signing the front of this card, I certify that I've answered "NO" to all questions below:**

1. Does your child have a fever of 100.4°F or higher?
2. Does your child have any of the following symptoms (beyond what is normal for him or her)?
  - Fever or Chills      - Headache
  - Cough                - New loss of taste or smell
  - Shortness of breath or difficulty breathing
  - Fatigue               - Sore throat
  - Congestion or runny nose
  - Fatigue               - Nausea or vomiting
  - Diarrhea             - Muscle or body aches
3. Have you been told by a contract tracer that your child has been in close contact with a COVID-19 positive person in the last 14 days?

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Imie I Nazwisko Ucznia, # klasy

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Nazwisko Nauczyciela

**By signing this from each day, I certify that my child (named above), is COVID-19 symptoms and fever-free.**

	Signature	Date
9/12		
9/19		
9/26		

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