



# Talmudical Academy

## Parent/Guardian Certification: COVID Symptom Screening

OVER ONE HUNDRED YEARS OF BUILDING TORAH

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form each morning before your child leaves for school. He will not be allowed into school without it.*

		NO	YES
Has your child been <b>diagnosed with Covid-19</b> within the past 10 days?			
Student's current temperature:	Did your child have a fever of 100.4 F within the last 24 hours or symptoms of <b>new onset of cough, shortness of breath, difficulty breathing, or new loss of sense of taste or smell?</b>		
Does your child have at least <b>2</b> of the following: chills, shivering, muscle pain, sore throat, headache, gastrointestinal symptoms (nausea, vomiting or diarrhea), fatigue, and congestion or runny nose?			
Has your child had close contact (within 6 feet for at least 15 minutes) to anyone with suspected or confirmed Covid-19 within the past 14 days?			
Has your son participated unmasked, in a large gathering with people in close proximity (Most simchas fit this definition) in the past 10 days?			

***If you answer "Yes" to any of these questions, do not send your child to and call the school. Please do not write anything else on this form.***

Parent/Guardian: I, parent/guardian listed below, certify the following information is true to the best of my knowledge as of:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: PRINT: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_