



Coronavirus Self Declaration Form

For the health and safety of our students and families a declaration of illness is requested. Be sure that the information you give is accurate and complete. Please get immediate medical attention if you have any of the COVID-19 signs.

Parent Name

Student Name

Has anyone in the family traveled out of state during 2020?

Yes

No

If yes, name area(s) visited

Dates traveled

Has anyone in the family been in contact with people infected, suspected or diagnosed with COVID-19?

Yes

No

If yes, your last contact date with them

Please state if you are experiencing any of these symptoms:

	Yes	No
Fever	_____	_____
Cough	_____	_____
Shortness of Breath	_____	_____
Persistent Pain in Chest	_____	_____

I acknowledge that the information I've given is accurate and complete.

Signature

Date
