

# Free Pass to Columbia School

(At Home Attestation)

Student Name \_\_\_\_\_

Date \_\_\_\_\_

I checked my child TODAY and he/she does not have any of these symptoms when he/she left my care:

- Cough
- Shortness of breath/hard time breathing
- Fever above 100
- Sore throat
- Chills
- Can't taste or smell suddenly
- Muscle/body aches
- Nausea/vomiting diarrhea
- Congestion/running nose (not allergies)
- Unusually tired
- Taken any fever reducer in the last 24 hours
- My child has NOT been in close contact with a suspected or confirmed COVID-19 case
- My child has NOT tested positive for COVID-19

Parent Signature \_\_\_\_\_



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