

San Dieguito United Methodist Preschool

QR Code Daily Health Release

Student Name: _____

By signing this form you are verifying that on each school day the following lists are all true.

I verify that, in the past 24 hours my student:

Has **not** experienced any of the following symptoms:

- | | | | |
|---------------------|------------------------|---------|-------------|
| Dry cough | Fever | Nausea | Vomiting |
| Diarrhea | Rash | Fatigue | Sore Throat |
| Shortness of breath | Loss of taste or smell | | |

Has **not** taken any fever reducing medication in the past 24 hours

No one in my student's household:?

Has experienced any of the above symptoms

Has knowingly come in contact with anyone who has experienced any of the symptoms listed above

Has knowingly come in contact with anyone who has tested positive for COVID-19

I verify that no one in our household has traveled outside of the U.S. in the past 14 days.

Signature: _____

Print Name: _____

Date: _____