This form may not be completed any earlier than two (2) hours before the student's scheduled start time. Student must turn in this form to gain entrance to school.

STUDENT NAME GRADE: _	NAME GRADE:				
DAILY SELF-CERTIFICATION QUESTIONS	TEMPERATURE				
Current Temperature of Student Please use Fahrenheit.		°F			
Has the student had a temperature greater or equal to 100.4°Fahrenheit (38° Celsius) within the last 24 hours? Please note, upon arrival to campus, the student will be required to enter at their assigned door and take an	YES	NO			
additional temperature using a non-contact thermal scanner. Has the student taken any fever reducing medication within the last 24 hours in order to alleviate a fever?					
Has the student or anyone in the household experienced any of the following symptoms in the last 24 hours?					
Sylinpronis in the last 24 hours: Fever (100.4*F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause.					
Has the student or anyone in the household been in close contact with or cared for someone with COVID-19 within the last 14 days? Close contact means the individual was within 6 feet of the individual who tested positive for COVID-19, or is suspected of having COVID-19 infection, for more than 15 minutes throughout the day					
I Certify my child is ABLE to come to school today I certify I answered NQ to all the Self-Certification questions, and answers are accurate as of less than before my child's scheduled school start time.	two (<2) hou	ırs			
Signature of Parent/Guardian Self-Certifying on Behalf of Student	 Date				
If you answered <u>YES</u> to any of the questions, please keep your child home for the day and reabsence to the School's Attendance Line: Elementary Attendance: (815) 725-8391 x2 Jr. High Attendance: (815) 744-616	6 x2	:hild's			
RICHLAND 88A STUDENT DAILY CERTIFICATION FORM This form may not be completed any earlier than two (2) hours before the student's scheduled start time. Student must turn in this form to gain entrance to school. STUDENT NAME GRADE:					
DAILY SELF-CERTIFICATION QUESTIONS	TEMPER	ATURF			
Current Temperature of Student Please use Fahrenheit.		°F			
Has the student had a temperature greater or equal to 100.4°Fahrenheit (38° Celsius) within the last 24 hours?	YES	NO			
Please note, upon arrival to campus, the student will be required to enter at their assigned door and take an additional temperature using a non-contact thermal scanner.					
Has the student taken any fever reducing medication within the last 24 hours in order to alleviate a fever?					
Has the student or anyone in the household experienced any of the following symptoms in the last 24 hours? Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body		Ц			
aches from unknown cause. Has the student or anyone in the household been in close contact with or cared for someone with COVID-19 within the last 14 days? Close contact means the individual was within 6 feet of the individual who tested positive for COVID-19, or is suspected of having COVID-19 infection, for more than 15 minutes throughout the day					
I Certify my child is ABLE to come to school today I certify I answered NO to all the Self-Certification questions, and answers are accurate as of less than two (<2) hours before my child's scheduled school start time.					

Signature of Parent/Guardian Self-Certifying on Behalf of Student

Elementary Attendance: (815) 725-8391 x2

If you answered <u>YES</u> to any of the questions, please keep your child home for the day and report your child's absence to the School's Attendance Line:

Jr. High Attendance: (815) 744-6166 x2

Updated: 2/2021

RICHLAND 88A

STUDENT DAILY CERTIFICATION FORM

This form may not be completed any earlier than two (2) hours before the student's scheduled start time. Student must turn in this form to gain entrance to school.

STUDENT NAME	GRADE:		
DAILY SELF-CERTIFICATION QUESTIONS		TEMPER	RATURE
Current Temperature of Student Please use Fahrenheit.			°F
7 Bade act 1 dinamen.		YES	NO
Has the student had a temperature greater or equal to 100.4°Fahrenheit Celsius) within the last 24 hours?	t (38°		
Please note, upon arrival to campus, the student will be required to enter at their assigned door additional temperature using a non-contact thermal scanner.	and take an		
Has the student taken any fever reducing medication within the last 24 order to alleviate a fever?	hours in		
Has the student or anyone in the household experienced any of the foll symptoms in the last 24 hours?	owing		
Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new throat, vomiting, diarnhea, new loss of sense of taste or smell, fatigue from unknown cause, mus aches from unknown cause.			
Has the student or anyone in the household been in close contact with someone with COVID-19 within the last 14 days?	or cared for		
Close contact means the individual was within 6 feet of the individual who tested positive for CC suspected of having COVID-19 infection, for more than 15 minutes throughout the day	OVID-19, or is		
I Certify my child is ABLE to come to school today			
I certify I answered $\underline{\mathbf{NQ}}$ to all the Self-Certification questions, and answers are accurabefore my child's scheduled school start time.	ate as of less than	two (<2) ho	ours
			1:
Signature of Parent/Guardian Self-Certifying on Behalf of Studer	ıı	Da	ite
If you answered \underline{YES} to any of the questions, please keep your child home feabsence to the School's Attendance Line:	or the day and r	eport your	child's
Elementary Attendance: (815) 725-8391 x2 Jr. High Attendance:	(815) 744-616	6 x2	
		Update	ed: 2/2021

RICHLAND 88A STUDENT DAILY CERTIFICATION FORM

This form may not be completed any earlier than two (2) hours before the student's scheduled start time. Student must turn in this form to gain entrance to school.

STUDENT NAME GRADE:			
DAILY SELF-CERTIFICATION QUESTIONS	TEMPE	TEMPERATURE	
Current Temperature of Student		°F	
7 000 00 7 dillollion.	YES	NO	
Has the student had a temperature greater or equal to 100.4°Fahrenheit (38° Celsius) within the last 24 hours?			
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Has the student or anyone in the household experienced any of the following symptoms in the last 24 hours?			
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Has the student or anyone in the household been in close contact with or cared for someone with COVID-19 within the last 14 days?			
Close contact means the individual was within 6 feet of the individual who tested positive for COVID-19, or is suspected of having COVID-19 infection, for more than 15 minutes throughout the day			
Certify my child is ABLE to come to school today			
certify I answered \underline{NO} to all the Self-Certification questions, and answers are accurate as of less the pefore my child's scheduled school start time.	an two (<2) h	ours	

If you answered <u>YES</u> to any of the questions, please keep your child home for the day and report your child's absence to the School's Attendance Line:

Elementary Attendance: (815) 725-8391 x2 Jr. High Attendance: (815) 744-6166 x2

Signature of Parent/Guardian Self-Certifying on Behalf of Student

Updated: 2/2021