

Medical Certification From Student

I certify that I have not had a fever or any other symptoms of COVID-19 in the last 14 days.

I further certify that I have not visited a doctor related to symptoms of COVID-19 in the last 14 days.

I further certify that I have not been tested for COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who tested positive for COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who has been tested for COVID-19 and is awaiting the result of that test in the last 14 days.

I agree that I will not come on to the campus of _____ should I present with any symptoms.

I agree if I begin to feel ill that I will promptly leave the campus of _____ and seek medical attention.

This ____ day of _____, 2021.

Student Name: _____ Date: _____

Student Signature: _____

Medical Certification From Parent/Guardian On Behalf of Student

I am the parent/guardian of student_____ (hereinafter referred to as “student”).

I certify that my student has not had a fever or any other symptoms of COVID-19 in the last 14 days.

I further certify that my student has not visited a doctor related to symptoms of COVID-19 in the last 14 days.

I further certify that my student has not been tested for COVID-19 in the last 14 days.

I further certify that my student has not had contact with any person who tested positive for COVID-19 in the last 14 days.

I further certify that my student has not had contact with any person who has been tested for COVID-19 and is awaiting the result of that test in the last 14 days.

I agree on behalf of my student that he/she will not come on to the campus of _____ should he/she present with any symptoms.

I agree on behalf of my student that if he/she begins to feel ill that he/she will promptly leave the campus of _____ and seek medical attention.

This_day of_____, 2021.

Student Name:_____ Date:_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____