

Student COVID-19 Self-Certification and Verification Form

This form must be signed and returned to the School District prior to the start of the 2021-2022 school year.

The June 1, 2021 amended Executive Order 2020-47 removes the mandate to require symptom screenings and temperature checks before individuals enter school buildings. Parents/Guardians will conduct symptom screening daily for students departing for school and reporting consistent with the parameters outlined below. By signing this form, the parent/guardian is certifying that the student is not experiencing symptoms of COVID-19 and the parent will:

1. Keep the student at home when experiencing symptoms.

2. Log into the Frontline Health Portal for Student COVID-19 Certification at https://app.healthofficeportal.com/SHM_Speed_School_District_802/Portal/Login.aspx.

Name of Student: _____ Date of Birth: _____

School: _____ Grade Level: _____

Certification and Verification of Daily Symptom Screening

I verify that prior to utilizing District transportation and/or entering a District building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

- Fever or Chills;
- Cough;
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle and body aches;
- Headache;
- Sore throat;
- Congestion or runny nose;
- Nausea and/or vomiting;
- Diarrhea; or
- Any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or Illinois Department of Public Health (IDPH).

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student has received a daily symptom screening and is not experiencing any COVID-19 symptoms.

If my student is experiencing any of the above symptoms at the time of the daily screening, I will notify the school by using the [Frontline Health Portal for Student COVID-19 Certification](#) and indicate the above symptoms that my student is experiencing. If you need assistance with the Frontline Health Portal you can email SPEED 802 Technical Support at parentsupport@speed802.org. If District staff contacts me to gather additional information related to the results of my student's daily screening, I will provide the necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19; (2) my student is suspected of having COVID-19; or (3) my student comes in close contact with an individual who tested positive for COVID-19 or is suspected of having COVID-19. If District staff contacts me to gather additional information related to the reason(s) for my student's absence, I will provide the necessary information as requested.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

Parent/Guardian Signature _____ Date _____