Daily home screening for COVID-19	Daily home screening for COVID-19
Student Name :	Student Name :
Student Number :	Student Number :
Section :	Section :
Grade Level :	Grade Level :
	Grade Dever.
Date :	Date :
I confirm this morning:	I confirm this morning:
() My child's temperature is below 37.5°C and does not	() My child's temperature is below 37.5°C and does no
have any COVID-19 symptoms.	have any COVID-19 symptoms.
(Full list of 23 symptoms in SFS COVID-19 manual)	(Full list of 23 symptoms in SFS COVID-19 manual
() No one in my household is under home treatment for	() No one in my household is under home treatment for
testing COVID-19 positive.	testing COVID-19 positive.
Parent's signature :	Parent's signature :
line	
Daily home screening for COVID-19	Daily home screening for COVID-19
Student Name :	Student Name :
Student Number :	Student Number :
Section :	Section :
Grade Level :	Grade Level :
Date :	Date :
I confirm this morning:	I confirm this morning:
() My child's temperature is below 37.5°C and does not	() My child's temperature is below 37.5°C and does no
have any COVID-19 symptoms.	have any COVID-19 symptoms.
(Full list of 23 symptoms in SFS COVID-19 manual)	(Full list of 23 symptoms in SFS COVID-19 manual
() No one in my household is under home treatment for	() No one in my household is under home treatment for
testing COVID-19 positive.	testing COVID-19 positive.
Parent's signature :	Parent's signature :
ne	
Daily home screening for COVID-19	Daily home screening for COVID-19
Student Name :	Student Name :
Student Number :	Student Number :
Section :	Section :
Grade Level :	Grade Level :
Date :	Date :
L confirm this morning:	L confirm this morning:
I confirm this morning: ( ) My child's temperature is below 37.5°C and does not	I confirm this morning: () My child's temperature is below 37.5°C and does not
() My child's temperature is below 37.5°C and does not have any COVID-19 symptoms.	() My child's temperature is below 37.5°C and does no have any COVID-19 symptoms.
(Full list of 23 symptoms in SFS COVID-19 manual)	(Full list of 23 symptoms in SFS COVID-19 manual
() No one in my household is under home treatment for	() No one in my household is under home treatment fo
() No one in my nousenoid is under nome treatment for testing COVID-19 positive.	( ) No one in my nousehold is under nome treatment to testing COVID-19 positive.
count co in 17 positive.	tosting CO (1D-1) positive.
Parent's signature -	Parant's signatura -
Parent's signature :	Parent's signature :