

**Daily home screening for COVID-19**

Student Name :  
 Student Number :  
 Section :  
 Grade Level :

Date : \_\_\_\_\_

I confirm this morning:

- ( ) My child's temperature is below 37.5°C and does not have any COVID-19 symptoms.  
 (Full list of 23 symptoms in SFS COVID-19 manual)
- ( ) No one in my household is under home treatment for testing COVID-19 positive.

Parent's signature : \_\_\_\_\_

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