Decatur Public Schools
Educating for Success

Symptom Certification

By signing this card, I certify that no one in my household, including my child, has been diagnosed with COVID-19 in the last 14 days.

I certify that no one in my household, including my child, has any of the following symptoms or any other symptoms of COVID-19:

- Fever (temp of 100.4+/persistent low grade temp) or chills
- Cough or sore throat
- Shortness of breath or difficulty breathing
- Nausea, Vomiting, Diarrhea
- Fatigue
- Headache
- New loss of taste or smell
- Muscle/Body aches
- Known close contact with a person who has been diagnosed with COVID-19 in the last 14 days.

Date: _____

Student Name:

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Guardian Signature:

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