

Frassati Catholic Academy Bus Health Certification

Date: _____

Student Name: _____

1. In the last 24 hours, have you experienced a fever at or above 100.4?
 Yes
 No
2. In the last 24 hours, have you experienced a cough?
 Yes
 No
3. In the last 24 hours, have you experienced chills?
 Yes
 No
4. In the last 24 hours, have you experienced shortness of breath or difficulty breathing?
 Yes
 No
5. In the last 24 hours, have you experienced muscle and body aches?
 Yes
 No
6. In the last 24 hours, have you experienced headaches?
 Yes
 No
7. In the last 24 hours, have you experienced a sore throat?
 Yes
 No
8. In the last 24 hours, have you experienced new loss of taste or smell?
 Yes
 No
9. In the last 24 hours, have you experienced a runny nose?
 Yes
 No
10. In the last 24 hours, have you experienced nausea?
 Yes
 No
11. In the last 24 hours, have you experienced vomiting?
 Yes
 No
12. In the last 24 hours, have you experienced diarrhea?
 Yes
 No
13. Have you been in physical contact with anyone who has tested positive for COVID-19 in the past two weeks?
 Yes
 No

Parent Signature _____