



Dear Parents/Guardians,

Indian Prairie School District has the utmost concern for the health and safety of our community. We will need your assistance to maintain a healthy school environment during this coming school year. On a daily basis, please review the questions below to determine if your child should attend school. If you answer "yes" to any of these questions, please call the attendance line, and state the reason for absence.

- Has your child been diagnosed with COVID-19?
- Does your child have COVID test results pending?
- Has your child been exposed to someone who tested positive for COVID-19, has a COVID test result pending, or is demonstrating symptoms of COVID-19-like illness?
- Has your child been told by a physician that he/she has COVID-19-like illness?
- Has your child been instructed to be on home quarantine or home isolation?
- Has your child been tested for Influenza-like illness in the past fourteen days?
- Has your child been tested for strep throat in the past fourteen days?
- Has your child experienced difficulty breathing, shortness of breath, or a cough during the past fourteen days?
- Has your child had a fever ≥ 100.4 (F) or 38.0 (C), chills, repeated shaking chills, or muscle pain in the past fourteen days?
- Has your child experienced a recent onset of loss of taste or smell?
- Has your child had a headache, sore throat, or congestion in the past fourteen days?
- Has your child experienced nausea, vomiting, or diarrhea in the past fourteen days?

If your child will be traveling outside of the United States, contact your school's health office to determine if there are any travel restrictions. We are looking forward to this school year. If at any time you need assistance with the above process or have questions, please contact your child's school health office.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. B. Talley", is written over a horizontal line.

Dr. Adrian B. Talley
Superintendent

Student Name _____ Date: _____

I have reviewed District 204's self-certification questions and my child is free of all COVID-19 related symptoms.

Parent Signature

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