



Health & Temperature Screening Verification Form

This form serves as documentation that:

Each attendee from _____ has completed the
SCHOOL NAME

Daily Health Screening and Temperature Log. This form asks each person to answer if they have any of the following symptoms and have initialed next to their responses:

- Fever, cough, chills, muscle aches, sore throat, runny nose, decrease of sense of taste and/or smell, nausea, vomiting, diarrhea, shortness of breath, headache, new and/or worsening cough, close contact with or cared for someone with COVID-19, temperature (if greater than or equal to 100.4°F).
- On the roster, the individual(s) that have a line through their name will not be participating in today's event.

I confirm that each attendee from _____
has met all of the criteria listed above on this day. **SCHOOL NAME**

- On this date of: _____

I _____ serve as designee for _____ and attest
NAME **SCHOOL**
that the above information is accurate.

SIGNATURE: _____ **DATE:** _____