

Hartsburg-Emden CUSD #21

400 West Front Street
Hartsburg, IL 62643

TERRY WISNIEWSKI, SUPERINTENDENT

217 642-5244

JON LESLIE, District PRINCIPAL

217 642-5333 (Fax)

SYMPTOM CHECK

Student: _____ Homeroom/Grade: _____

Students with **one or more** of the following symptoms will send/stay home.

SYMPTOMS:

- Temp: 100.4° F/38° C or higher
- Nausea/Vomiting
- Persistent Cough without known origin
- New symptoms of shortness of breath or difficulty breathing
- Repeated shaking with chills
- Muscle pain of unknown origin
- Headache without known origin
- Sore throat without known origin
- New loss of taste or smell
- Diarrhea of unknown origin

Any student falling in this category will need a doctor's note return to school.

If the doctor requires a COVID-19 test . . . please notify the school immediately.

- student will be allowed to return to school after a negative test result
- student will be allowed to return after self-quarantine requirements have been met after a positive test result

Note: even if origins of symptoms are known, students with **two or more** of any of the following symptoms should also stay home. The school will need to be informed of the known origins.

SYMPTOMS:

- Persistent Cough
- Symptoms of shortness of breath or difficulty breathing
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Diarrhea

A daily record needs to be kept for any caregiver who is willing to self-certify their child. That record needs to be given to the school for filing.

The school will keep a record of students who are checked at school and show symptoms.

~ COVID-19 Symptoms Check ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	
	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	
	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	
	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	Date: _____ Symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Checked by:	

- Please return this sheet when full (every 4 weeks)
- Anytime a student show symptoms
 - Caregiver or school will notify the other immediately
 - Student needs to see a doctor (a note will be required to come back to school)
- If student is not in attendance for an illness, inform the school of symptoms
 - Anytime a student is absent . . . that absence needs to be reported

Hartsburg-Emden CUSD #21

400 West Front Street
Hartsburg, IL 62643

TERRY WISNIEWSKI, SUPERINTENDENT

217 642-5244

JON LESLIE, District PRINCIPAL

217 642-5333 (Fax)

SELF-CERTIFY FORM

Hartsburg-Emden is required to have students symptoms checked daily before entering the school building (or getting on the school bus). To help with this process, the State will be allowing caregivers the opportunity to self-certify their children before the start of each day.

If you are willing to self-certify your child each morning, please fill out this form.

=====

Student: _____

Homeroom/Grade: _____

Date: _____

Caregiver Name: _____

(caregiver's signature)

=====

SELF-CERTIFY PROCESS

- We ask caregivers to conduct the symptom check on their children before they leave for school each day
- We ask that you keep daily record log (which will be provided to you) for documentation of those daily checks
 - We ask that you send that log to the school at the end of each month (every 4 weeks)
- The school will provide you with a sticker to put on your child's shirt
 - The sticker will be verification that you conducted the self-certify process
 - If your child doesn't have the sticker, we will do a symptom check before your child gets on the school bus or enters the school building