

## STUDENT HEALTH DECLARATION

All parents must answer the below 'Health Declaration' for their child prior to entering the school campus each day. If the answer to any of the questions is "Yes", the student <u>will not</u> be permitted to remain on the school campus.

Student's Name: Date:		
Is your child unwell?	Yes	No
Does your child have any of these symptoms:		
• Fever (or chills or sweats)		
New or worsening of a previous cough		
• Sore throat		
Headache		
• Shortness of breath		
<ul> <li>Muscle aches</li> </ul>		
New or worsening sneezing		
New or worsening nasal congestion or runny nose		
Hoarse voice		
• Chills		
Repeated shaking with chills		
Muscle pain		
<ul> <li>Diarrhea</li> </ul>		
<ul> <li>Unusual fatigue</li> </ul>		
Loss of sense of smell or taste		
Red, purple or blueish lesions (spots) on your body without an evident cause	e	
In the last 14 days, has your child travelled outside of the Cayman Islands?		
In the last 14 days, has your child had close contact with someone confirmed or suspected to have COVID-19?		
Is your child or any member of your household awaiting results of a COVID-19 tes	st?	
Is your child or any member of your household subject to contact tracing?		