

Dallas City Elementary Health Certification

By signing this card, I certify that my child is safe to attend school and DOES NOT have any of the following Symptoms nor has had potential exposure to COVID-19.

- Temperature of 100.4 or greater
- Sore Throat
- Cough
- Shortness of breath or difficulty breathing
- Nausea, vomiting, or abdominal pain
- Headache
- Close contact with a person diagnosed with COVID-19

Student Name(s):		
Parent Signature:	 Date:	



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