

GCFS DAILY HEALTH SLIP FOR COVID-19

Student name: _____ Grade: _____

I confirm this morning that:

- My child's temperature is below 37.5°C and does not have any COVID-19 symptoms (sore throat, coughing, difficulty breathing, diarrhea, nausea, vomiting, loss of smell and taste).
- No one in my household is under quarantine nor has been in contact with someone who has COVID-19.
- My child or family has not been to any overseas country in the past 14 days.

*Should your answer be "no" to any of the questions above, please **contact the school** (02-797-0234) and have your child stay home.*

Parent signature: _____ Date: _____

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