

**Jasper County Community Unit #1 Schools Student Driver-Certification**

Student name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Students temperature: \_\_\_\_\_

Please check appropriate box,

- Fever, Cough, Chills, and/or muscle aches?
  - Yes
  - No
- Sore throat, runny nose, and/or loss of taste or smell?
  - Yes
  - No
- Nausea, vomiting, and/or diarrhea?
  - Yes
  - No
- Shortness of breath and/or headache?
  - Yes
  - No
- Close contact, or cared for someone with COVID-19?
  - Yes
  - No

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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