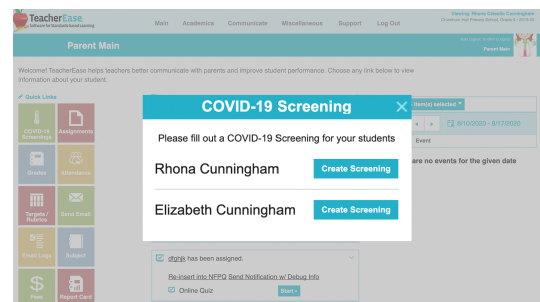
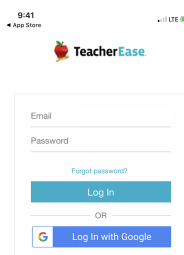
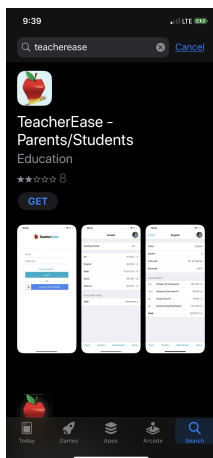


## Directions for Daily Health Certification

Every morning by 7am parents are required to fill the COVID-19 screening questionnaire for their students who will receive in-person instruction that day. STUDENTS CANNOT ENTER THEIR CLASSROOMS UNLESS THEY HAVE BEEN CERTIFIED. If they are not certified they will be diverted to school certification immediately. We will also contact you to review procedures and policies that require daily home certification. The Daily Health Certification system will automatically prompt you to fill in the questionnaire once you login to the main page of TeacherEase <https://www.teacherease.com/> on the parent portal. You can access the health screening on either a desktop or by downloading the **TeacherEase - Parents/Student**



app on to your phone. Your login is the same email address and password you use for online registration. The login is the same regardless of the device you use. You can also access this link on the district website on the "Daily Health" tab on the district's home page [www.itasca10.org](http://www.itasca10.org).

The questionnaire is a simple set of yes or no questions. Answer them all and then click **save**. You must complete certification for each student.

After submitting your responses you will receive a Pass or a Fail status message written by the school. Please read the message to follow school policy.

**YOU ARE DONE!!!**

If you answer **Yes** to any question you must keep your student home and please call the main office to report their absence.

Peacock - 630-773-0335

Franzen - 630-773-0100

Benson - 630-773-0554

School personnel will also follow up with you to discuss your child's symptoms and condition.

Does your child have a temperature of 100.4 °F or higher?	Yes	No
Is your child currently taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce your fever?	Yes	No
Has your child had close contact (less than 6 feet for longer than 15 minutes) with or cared for someone with COVID-19 in the past 14 days?	Yes	No
Has your child returned from traveling outside the United States or from a cruise ship or river boat within the past 14 days?	Yes	No
Has your child been directed to self-quarantine by a health care provider?	Yes	No
Has your child been directed to self-quarantine by the County or State Department of Public Health?	Yes	No
Is your child experiencing any of the following symptoms? Chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.	Yes	No