



**SBCEC COVID-19 HEALTH DECLARATION FORM
SY 2022-2023**

NAME OF STUDENT: _____

GRADE LEVEL/SECTION: _____

BODY TEMPERATURE (Please leave this blank as temperature will be verified upon scanning on the day of declaration and submission of form.) _____

SYMPTOM CHECKLIST: Are you currently experiencing or have experienced any of the following symptoms within the last 14 days?

	YES	NO
A. FEVER		
B. COUGH OR COLD		
C. HEADACHE		
D. SORE THROAT		
E. DIFFICULTY IN BREATHING		
F. LOSS OF TASTE OR SMELL		
G. DIARRHEA		

I declare that I (personally) or my parent/guardian (on my behalf) accomplished this form and that all the information given are true, correct, accurate, and complete.

SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED/SIGNED



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SY 2022 - 23**

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