## Student Health Statement (To be filled by the parents)

Student's Name: _		ID Number:	Age:
Name of the educa	tional institution in which	the student is studying: _	
Grade:			
Educator Name / S	lect:		
Parent Name:			
Mobile Phone:			
Parent Name:			
Mobile Phone:			
We declare as follo	ows:		
☐ I measur	ed temperature for my chil	d / child, and it was found	d that his body temperature
did not exc	eed 38 ° C.		
☐ My child	l / child has no corona sym	ptoms (cough, difficulty	breathing or any other
respiratory	symptoms).		
Date	Parent Signature	e	





