



Colegio
Franklin Delano Roosevelt
The American School of Lima

COVID-19 SYMPTOMATOLOGY SHEET (AFFIDAVIT)

This document has been developed with the objective of ruling out any symptom that presumes a possible condition related to COVID-19 to protect the health of all people.

I,, with DNI:,
in my capacity as parent or guardian of the minor,,
I know the objective and importance of completing this form and I commit to answer truthfully, stating that in the last 14 calendar days my minor child or principal has presented health conditions, as marked in the following table:

1. SENSATION OF THERMAL RISE OR FEVER (SPECIFY): _____

2. COUGH, SNEEZING, OR DIFFICULTY BREATHING

3. EXPECTORATION WITH YELLOW OR GREENED FLEMA

4. CONTACT WITH PERSONS SUSPECT OR CONFIRMED CASES OF COVID - 19

5. ARE YOU ARE TAKING ANY MEDICATION (DETAIL): _____

YES	NO

All the data expressed in this file constitute an affidavit on the part of the parent or guardian. I am aware of the risks to which we are exposed due to the current situation and I assume the corresponding responsibilities.

IMPORTANT DATA:

DATE:

CELL PHONE NUMBER OF PARENT OR GUARDIAN:

SIGNATURE AND DNI OF THE PARENT OR
GUARDIAN: