

# BRIERCREST

## CHRISTIAN ACADEMY

### Excused Absence Record Form, v5

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Box #: \_\_\_\_\_

Time of form submission: \_\_\_\_\_

Circle class periods to be missed\*:

1      2      3      4      5      6

*\*You must submit a corrected form the same day if you miss more or fewer class periods than originally indicated.*

Check reason for absence & provide description:

Illness (symptoms):

Virus Check:

- |  |                             |                                |
|--|-----------------------------|--------------------------------|
| <input type="radio"/> Fever?               | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Cough?               | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Shortness of breath? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Sore throat?         | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <br>                                       |                             |                                |
| <input type="radio"/> Nausea or vomiting?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| <input type="radio"/> Runny nose/sniffles? | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| <input type="radio"/> Sneezing?            | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |

If "yes" check  
forehead temp.:

Appointment: \_\_\_\_\_

Other: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
(signature of staff on duty)

Comments: \_\_\_\_\_