

COVID-19 Student Attestation*



Dear Parent/Guardian:

Please continue to monitor your student(s) for symptoms at home, complete & sign this form and send with your student to school. If any information changes after you have completed this form, it is important you notify your student's school immediately.

Student Name:			
Date of Birth:		Grade:	
Phone number:			

1. Please indicate if your student has had any of these symptoms in the past few days.
If your student has not had any of symptoms on the list, please mark "No" and go to question #4.

<input type="checkbox"/> fever (subjective or 100.4 F or higher)	<input type="checkbox"/> fatigue
<input type="checkbox"/> chills	<input type="checkbox"/> headache
<input type="checkbox"/> cough	<input type="checkbox"/> muscle or body aches
<input type="checkbox"/> loss of sense of taste and/or smell	<input type="checkbox"/> congestion or runny nose
<input type="checkbox"/> shortness of breath	<input type="checkbox"/> sore throat
	<input type="checkbox"/> nausea or vomiting
	<input type="checkbox"/> diarrhea (defined as 2+ loose stools in 24 hrs)
<input type="checkbox"/> No. My student has none of these symptoms.	

2. Have they had symptoms for *more than* 24 hours?

Yes No

3. Has their health care provider made a non-COVID diagnosis that explains all the symptoms?

Yes No

4. Has your student had close contact with anyone suspected or confirmed COVID-19? (Close contact means closer than 6 feet for about 15 minutes.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Within the past 14 days, has a public health or medical professional told your student or family to isolate or quarantine due to COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your student had a positive COVID-19 test in the past 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you considering getting a COVID-19 test or waiting for test results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If your student is ill, they should stay home or go home. If you have any concerns or questions about your student's symptoms, we encourage you to seek guidance from a health care provider (HCP). This screening tool is designed to guide safe practices and is not a substitute for a medical evaluation.

Parent/Guardian Signature (Student may sign if 18 years or older) _____ Date

Printed name

SCHOOL STAFF: For any question above that is answered with a "yes," please refer to the *Student Attestation Key for Staff* and consider School Nurse consultation.