



COVID-19 Health Screening Attestation March 15th – Last Day of School | 2020-2021

IMPORTANT NOTICE: All students, staff members, or visitors who enter our schools or facilities must attest that they have no symptoms of COVID-19 and/or that they have not been in close contact with someone who has been confirmed or suspected positive with COVID-19.

PLEASE REVIEW THE FOLLOWING COVID-19 SYMPTOMS:

- Temperature greater than 100.4° F
- Persistent cough
- Shortness of breath or difficulty breathing
- Chills
- Unusual fatigue
- Muscle and body aches
- New onset of severe headache
- Sore throat
- Sudden loss of taste or smell
- Congestion or runny nose
- Nausea/vomiting or diarrhea

CLOSE CONTACT / POTENTIAL EXPOSURE:

- Within the past 10 days, has your child had a positive COVID-19 test for active virus?
- Within the past 14 days, has a public health or medical professional told to you to monitor, isolate, or quarantine your child because of concerns about COVID-19 infection?
- Within the past 14 days, has your child been in close physical contact with anyone with confirmed COVID-19?

By signing this form, I am affirming that I will check my child daily for all symptoms of COVID-19. I also agree not to send my child to school if they have any symptoms, if they have had close contact with someone with COVID-19, if they have tested positive for COVID-19, or if they have been told to self-monitor, isolate, or quarantine.

Student Name: _____ Date: _____

School: _____ Student Id # _____ Grade: _____

Parent/Guardian Name (printed)

Parent/Guardian Signature