Mukilteo School District

COVID-19 DAILY HEALTH SCREENING ATTESTATION STUDENTS

Student Name: _____

School: _____ Grade: _____

Your child must complete a health screening each day before they attend school in person. Please check your child's temperature, complete the short checklist below, and report your child's information.

1. Does your student have any of the following symptoms that are not caused by another condition? Yes ◯ No ◯

   - ☐ Fever 100.4°F or higher) or chills
   - ☐ Cough
   - ☐ Shortness of breath or difficulty breathing
   - ☐ Unusual fatigue
   - ☐ Muscle or body aches
   - ☐ Headache
   - ☐ Recent loss of taste or smell
   - ☐ Sore throat
   - ☐ Congestion or runny nose
   - ☐ Nausea or vomiting
   - ☐ Diarrhea or abdominal pain

2. Has your student had any of the above symptoms in the past 24 hours? Yes ◯ No ◯

3. Has your student been in close contact within 6 feet for more than 15 minutes) with anyone with suspected or confirmed COVID-19? Yes ◯ No ◯

4. Has your student had a positive COVID-19 test for active virus in the past 10 days? Yes ◯ No ◯

5. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine your child because of concerns about COVID-19 infection? Yes ◯ No ◯

If the answer to any of the questions above is yes, your child may not attend school in person and may not return until public health criteria for returning to school/work have been met.

I certify that I am the parent/legal guardian for the above-named student and that the answers herein are true and correct.

_____ _____

Signature Date

_____

Printed name

Submit

Resources:

CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html
DOH: https://www.doh.wa.gov/Emergencies/Coronavirus
OSPI: https://www.k12.wa.us/about-ospi/press-releases/novel-coronavirus-covid-19-guidance-resources