



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. Has your student had any of the following symptoms in the past day 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 been in close contact (within 6 feet for more than 15 minutes) with anyone with confirmed COVID-19? Yes No

3. Has your student had a positive COVID-19 test for active virus in the past 10 days or are you awaiting results of a COVID-19 test? Yes No

4. 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 the answers herein are true and correct.

Signature _____ Date _____

Printed name _____

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>