

COVID-19 ATTESTATION

All students, staff and visitors are required to complete a COVID-19 daily attestation (self-check) prior to entering the school or any school offices excluding the lobby.

Class A symptoms

Fever (defined as subjective or 100.4 or higher)

Cough

Loss of sense of taste and/or smell

Shortness of breath

Class B Symptoms

Fatigue

Headache

Muscle or body aches

Sore throat

Congestion or runny nose

Nausea or Vomiting

Diarrhea (defined as 2 or more loose stools in the in 24 hours)

- 1. If you have been exposed to COVID, check **Yes** below.*
- 2. If you are sick with any class A symptoms, check **Yes** below.*
- 3. If you are sick with two class B symptoms check **Yes** below.*
- 4. If you are sick with one Class B symptom, lasting more than 24 hours check **Yes** below.*
- 5. If you have had any medication to reduce a fever before coming to school, check **Yes** below.*
- 6. Have you been in close contact with anyone confirmed with COVID-19? check **Yes** below.*
- 7. Have you been advised to self-quarantine by someone from the health department? check **Yes** below.*
- 8. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test? check **Yes** below.*

If you indicate Yes, a school employee will follow up with by phone.

Check one of the following boxes

Yes to any of the above questions

No to all of the above questions

IMPORTANT: If you answered yes to any of the items above, do not enter the school. Contact your health provider to ensure you do not have COVID 19.

Visitors printed name _____ Signature _____ Date _____

Office use only below this line

Temperature (by office) _____ (staff initial) _____ School/Area _____