

Attestation Form for Health Screening

Student/Staff Members Name _____

Temperature _____ Date _____

Please check one: Have your child had any of the following symptoms in the past 72 hours?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

A fever of 100.4 or above?

Symptoms of respiratory infections?

Cough, Shortness of breath or difficulty breathing, congestion, sore throat?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Symptoms of viral illness?

Muscle or body aches, Nausea/vomiting/diarrhea, Unusual fatigue, Chills

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

New loss of taste or smell?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Does anyone in your household have any of these symptoms?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Has been in close contact with anyone with suspected or confirmed case of Covid-19?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Take any medication to reduce fever before coming to school?

To enter the building or be allowed on campus the student's temperature must be below 100.4 and must be able to answer no to all of the above questions.

If the student's temperature is 100.4 or above or if the answer is yes to any of the above questions, please keep the child at home. If you have not had time to fill out the Attestation Form at home, please wait to make sure your student passes the health screening the school will administer.

Signature _____

Attestation Form for Health Screening

Student/Staff Members Name _____

Temperature _____ Date _____

Please check one: Have your child had any of the following symptoms in the past 72 hours?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

A fever of 100.4 or above?

Symptoms of respiratory infections?

Cough, Shortness of breath or difficulty breathing, congestion, sore throat?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Symptoms of viral illness?

Muscle or body aches, Nausea/vomiting/diarrhea, Unusual fatigue, Chills

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

New loss of taste or smell?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Does anyone in your household have any of these symptoms?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Has been in close contact with anyone with suspected or confirmed case of Covid-19?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Take any medication to reduce fever before coming to school?

To enter the building or be allowed on campus the student's temperature must be below 100.4 and must be able to answer no to all of the above questions.

If the student's temperature is 100.4 or above or if the answer is yes to any of the above questions, please keep the child at home. If you have not had time to fill out the Attestation Form at home, please wait to make sure your student passes the health screening the school will administer.

Signature _____