

HIGHLINE PUBLIC SCHOOL ATTESTATION FORM

If you check yes to any of the symptoms and/or questions below that are not due to a pre-existing condition, please do not enter the building.

Your First & Last Name:

Site Checking Into:

Today's Date:

Check one:

_____ District Employee

_____ Non-District Employee *if non-district employee, provide phone number:*

_____ Parent/Guardian or household member(s) of HPS students. *Please list HPS students names:*

1) Have you or a household member had any of the following symptoms within the past two weeks that are not related to pre-existing conditions? IF YES, DO NOT ENTER THE BUILDING.

- Fever (temperature over 100.0 F)
- Cough
- Shortness of breath or difficulty breathing
- Shaking or chills
- Chest pain, pressure or tightness
- Fatigue or difficulty with exercise
- Loss of taste or smell
- Persistent muscle aches or pain
- Sore throat
- Nausea, vomiting or diarrhea

_____ **YES** I have experienced these symptoms that are not related to a pre-existing condition.

IF YES, DO NOT ENTER THE BUILDING.

_____ **NO**

2) Within the past two weeks have you or a family or household member had a current or pending diagnosis of COVID-19?

_____ **YES. (IF YES, DO NOT ENTER THE BUILDING.)**

_____ **NO**

Highline Public School Employees- please ensure your Employee Online emergency contact information is up to date. By signing below you are attesting that the information to your knowledge is accurate.

Signature: _____