

Daily Home Screening and COVID Attestation for insert school name Students



Please complete this student attestation each morning the student attends school. The form is available online or by paper. One survey **daily** for each school is needed. The purpose of this screening tool is to evaluate for symptoms that may indicate possible illness and prevent risk for spreading illness to others.

If you check yes to any of the questions below that are not due to a pre-existing condition, please do not send any students in your household to school or enter the school building.

QR code if you prefer to fill this out online

Today's Date: _____ Today's Day of the week: (circle one) Mon Tues Wed Thurs Fri

Student Full First & Last Name: _____

Teacher Name: (Elementary Only) : _____ Student Date of Birth: _____

1. Do you have any of the following symptoms **within the last day** that are not caused by another condition?

_____ No _____ Yes

- | | |
|--|----------------------------------|
| a) Fever (100.4°F) or chills. | g) Recent loss of taste or smell |
| b) Cough | h) Sore throat |
| c) Shortness of breath or difficulty breathing | i) Congestion or runny nose |
| d) Fatigue | j) Nausea or vomiting |
| e) Muscle or body aches | k) Diarrhea |
| f) Headache | |

2. Within the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with anyone with confirmed COVID-19? _____ No _____ Yes

3. 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? _____ No _____ Yes

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID19 infection? _____ No _____ Yes

If you check yes to any question above, DO NOT send your student to school or enter the school building until you have contacted the school.

Name of person filling out this form: _____ Phone: _____

It is strongly recommended that each child in grades K thru 12 receives a flu vaccine for the current school year. All children entering school must be immunized according to the current Washington State Immunization Program. If your student has pre-existing conditions that can cause the symptoms listed above, please contact your school nurse.

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