COVID19 Secondary Student Attestation Form

Supplemental document for: COVID19 Supervisor, Attestation & Screening Coordinator

The Washington Departments of Health and Labor & Industries requires school districts to screen all students to determine if the student has COVID-19 or has been in close contact with an individual exposed to COVID-19.

_____   _____

ATTENDEE NAME   DATE

In the past 24 hours have you experienced any of the following symptoms:

- Fever of 100.4 or above
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Loss of Taste or Smell
- Fatigue*
- Muscle Pain or Body Aches*

- Headache*
- Sore Throat*
- Congestion or Runny Nose*
- Nausea or Vomiting*
- Diarrhea*
- Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies)

*_A short-term symptom – if you have **only one** of these symptoms and the symptom begins and resolves in less than 24 hours **AND** no known COVID-19 exposure (close contact). You can return to school the next day if the short-term symptom resolves. A COVID-19 test is not required._

YES _____   NO_____

1. Have you been in close contact with anyone with confirmed COVID-19?
   Close contact includes; been within 6 feet of a person with COVID 19 for a combined total of 15 mins or more within a 24 hour period; **OR** live in the same household as a person with COVID-19; **OR** cared for a person with COVID-19; **OR** been in direct contact with saliva or other body secretions from a person with COVI- 19.

2. Does anyone in your household have COVID-19 like symptoms &/or is anyone in your household being tested for COVID-19?

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

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 COVID-19?

If you answer YES to any of these questions, stay home and contact your school

YES_____   NO_____

If you answered yes to any of the above, please do not go to school and follow the attendance policy.

I attest that my responses given above are true and accurate to the best of my knowledge.

_____   _____

Signature   Date