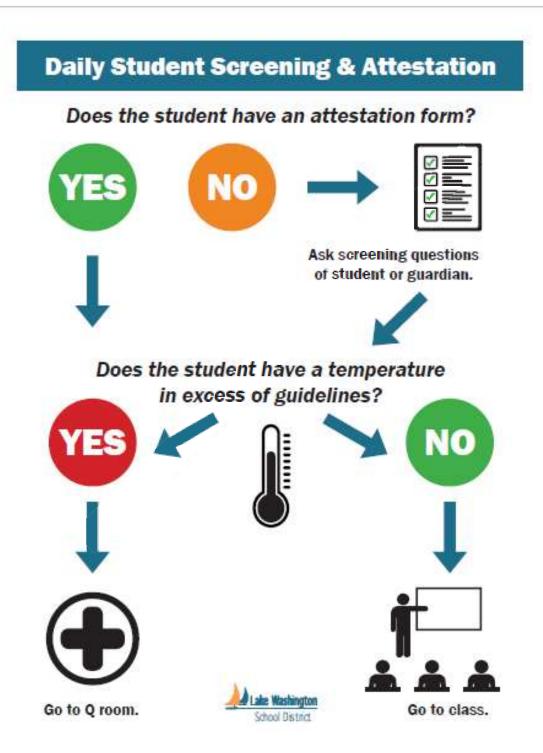


COVID19 Daily Student Screening & Attestation Flowchart

Supplemental document for: COVID19 Supervisor, Attestation & Screening Coordinator



Last Updated 1-25-21 COVID19 Safety Plan



COVID19 Student Attestation Intro

Supplemental Document for: COVID19 Supervisor, Attestation & Screening Coordinator

The Washington Department of Health and Labor & Industries requires school districts to screen all students to determine if the student has COVID-19 and/or if they have been in close contact with an individual exposed to COVID-19. A student attestation form must be completed for each student before entering any Lake Washington School District building.

- Home Visit Student & Household Daily Attestation form required
- On Campus Daily Student Attestation form required
- Online Learning No form needed

Student & Household Attestation Form - Home Visit

Before LWSD staff or a LWSD contractor can enter a home of a student the Student & Household Attestation form must be collected. Everyone in the household including the student must answer NO to all symptoms before the staff can enter. The parent/guardian will attest and sign form.

After the visit, the staff member or contractor will turn in form to their buildings Attestation Coordinator each day so they can add the form to their weekly attestation log.

On Campus Learning – Daily Student Attestation form

Parents/Guardians must complete the Daily Student Attestation form before a student will be allowed on campus. This form will allow a student to be on campus each day the form is completed. The student will still need to enter the building via the Student Attestation (Fast Pass) station for visible screening and logged in before entering.

Online Learning - No form required

No student attestation form is required, but a Parent/Guardian must contact their school to report a positive COVID-19 test result of a student.

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COVID19 Elementary Student Attestation Form

Supplemental Document for: COVID19 Supervisor, Attestation & Screening Coordinator

alls	e Washington Departments of Health and La students to determine if the student has CC ividual exposed to COVID-19.	· · · · · · · · · · · · · · · · · · ·		
STUDENT NAME SCHOOL			DATE	
		GRADE/TEACHER		
In t	he past 24 hours has your student experie	nced any of the followi	ng symptoms:	
	 Fever of 100.4 or above Cough Shortness of Breath or Difficulty Breath Chills Loss of Taste or Smell Fatigue* Muscle Pain or Body Aches* 	NauseaDiarrheOther s	nroat* stion or Runny Nose* or Vomiting* sea* signs of new illness that are unrelated to kisting condition (such as seasonal	
less	hort-term symptom – if a student has <u>only one</u> than 24 hours AND no known COVID-19 expos if the short-term symptom resolves. A COVID-1 YES	sure (close contact). A stu 19 test is not required.		
1.	Has your student 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; <i>OR</i> live in the same household as a person with COVID-19; <i>OR</i> cared for a person with COVID-19; <i>OR</i> been in direct contact with saliva or other body secretions from a person with COVID-19.			
2.	Does anyone in your household have COVID-19 like symptoms &/or is anyone in your household being tested for COVID-19?			
3.	Has your student 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 your student to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?			
	If you answer YES to any of these qu	estions, stay home a	and contact your school.	
	YES	NO_		
foll	ou answered yes to any of the above, pow the attendance policy. Lest that the responses regarding my child giver			
— Par	ent/Guardian Signature Dayt	ime Phone	 Date	

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