

COVID19 Daily Student Screening & Attestation Flowchart

Supplemental document for: COVID19 Supervisor, Attestation & Screening Coordinator

Daily Student Screening & Attestation

Does the student have an attestation form?

YES

NO



Ask screening questions
of student or guardian.



*Does the student have a temperature
in excess of guidelines?*

YES



NO



Go to Q room.



Go to class.

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.

COVID19 Elementary 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.

STUDENT NAME _____

DATE _____

SCHOOL _____

GRADE/TEACHER _____

In the past 24 hours has your student 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 a student has **only one** of these symptoms and the symptom begins and resolves in less than 24 hours **AND** no known COVID-19 exposure (close contact). A student can return to school the next day if the short-term symptom resolves. A COVID-19 test is not required.

YES _____

NO _____

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; **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 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 questions, stay home and contact your school.

YES _____

NO _____

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

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

Parent/Guardian Signature _____

Daytime Phone _____

Date _____