

**Student Health Screening Attestation Form 1.27.2021 update**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

The Office of the Superintendent of Public Instruction (OSPI) requires that staff and students undergo a health screening before entry to school each day. Please answer the following questions for your student. Does your student have any of the following symptoms *within the last day* that are not caused by another condition?

Symptoms	Yes	No
A cough		
Shortness of breath or difficulty breathing		
Fever (100.4 or higher) or chills		
A sore throat		
Diarrhea		
Recent loss of taste or smell		
Muscle or body aches		

Symptoms	Yes	No
Nausea/vomiting		
Congestion/running nose (not related to seasonal allergies)		
Unusual Fatigue		
Headache		
Has your student been in close contact with anyone with confirmed COVID-19?		
Has your student had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test? * if you are being tested as part of a School/workplace surveillance program and are not symptomatic/a close contact, the question doesn't apply.		
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 infection?		

Per OSPI and health department guidance, if the answer to any of the above questions is "yes" and the identified symptom(s) is not attributed to another health condition as documented by the student's health care provider, the student must not attend school/school sponsored activities.

Name of Individual Completing Form: \_\_\_\_\_

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