STUDENT Health Screening Attestation Form rev 2/1/2021

Student Name:_____ Date:_____

Parent/Guardian Name:_____

The Office of the Superintendent of Public Instruction (OSPI) and Local Health Authority requires that staff and students undergo a health screening before entry to school each day. **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)		
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 your student is participating in the Peninsula SD Testing Program and is NOT symptomatic or a close contact, this question does NOT 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 the Office of the Superintendent of Public Instruction (OSPI) and Local Health Authority, 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, your student must stay home or be sent home.

Signature of Individual Completing Form:_____

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