

## COVID19 Elementary Student Attestation Form

Supplemental Document for: COVID19 Supervisor, Attestation &amp; 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