



Onteora Central School District
COVID-19 Screening Attestation

Event Attending: Senior Prom

Date: June 11, 2021

Last Name: _____ First Name:

Screening Questions

1. In the last 24 hours, or since your last visit here, check any of these symptoms you have had. (*Note: Answer check the box if the symptoms you have experienced in the last 14 days are of greater intensity or frequency than what you normally experience.*)

- Fever (temperature of greater than 100.0° F in the last 14 days)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or Vomiting
- Diarrhea

2. In the past 10 days, have you tested positive for COVID-19 OR are you waiting for a COVID-19 test result, due to experiencing symptoms?

Yes No

3. Have you/your child been designated a contact of a person who tested positive for COVID-19 by a local health department?

Yes No

4. In the last 14 days, have you traveled internationally?

Yes No

I am doing my part to keep myself and others safe and am following the practices outlined in New York State's safety protocols, including but not limited to wearing a face covering and observing social distancing guidelines.

I acknowledge the above statement

Signature

Date