

Daily Attestation(Complete via Skyward or bring paper copy to school **each day**)**STUDENT NAME** _____ **DATE** _____

Daily health assessments for students and staff can contribute to the overall health and well-being of our SKSD community. We appreciate your help in keeping our environment safe and healthy.

1. Has your student experienced any of the following symptoms in the past 24 hours?

Fever (100.4 or higher) or chills	Recent loss of taste or smell
Cough	Sore throat
Fatigue	Congestion/runny nose
Muscle or body aches	Nausea or vomiting
Headache	Diarrhea
Shortness of breath/difficulty breathing	

2. Within the past 14 days, has your student been in close physical contact (6 feet or closer for a total of 15 minutes in a 24-hour period) with:

- Anyone who is known to have laboratory-confirmed COVID-19
or
- Anyone who has symptoms consistent with COVID-19?

3. Is your student isolating or quarantining because of exposure to a person with COVID-19?
4. Is your student or someone they live with worried they may be sick with COVID-19?
5. Is your student or someone they live with currently waiting on the results of a COVID-19 test because of symptoms of COVID-19?

IF YOU ANSWERED **YES** TO ANY OF THE QUESTIONS ABOVE,
KEEP YOUR STUDENT HOME,
CONTACT THEIR SCHOOL AND CONSULT WITH THEIR PHYSICIAN.

Parent Signature _____ Date _____

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