



COVID-19 Attestation and Commitment to Conduct Daily Health Screenings

To maintain the health, safety and well-being of our students, staff, and community during the 2021-2022 school year, the South Kitsap School District requires this COVID-19 Attestation and Agreement be completed for all staff before attendance on campus or at school-based activities.

As the staff member listed on this form, I **attest and agree** that I will conduct the following health screening each day prior to arriving at work or engaging in any school activity located on or off South Kitsap School District property.

By reporting to campus, I attest that the answer to each question below is **NO**. If I answer **YES** to any of the questions below, I agree to stay home and report my absence to my supervisor and work with them to determine when I may return.

1. Have you 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 (2 or more episodes in 24 hours)
Shortness of breath/difficulty breathing	[^] not related to a medically documented chronic illness (i.e., asthma, migraine)

2. Are you currently waiting on results of a COVID-19 test because you have experienced any symptom(s) listed above?
3. Have you tested positive for COVID-19 within the last 10 days?

If you have **recovered** from a **COVID-19 infection in the last 90 days, skip question 4, otherwise continue reading and answer carefully:**

4. In the last 14 days, have you been in close contact (6 feet or closer for 15 or more cumulative minutes during a 24-hour period) with anyone with a confirmed or suspected case of COVID-19?



- Note: If you are **fully vaccinated*** and answered yes to question 4, you may come to school if you do not have any of the symptoms listed above and will need a COVID-19 test 3-5 days after your exposure.
*to be considered fully vaccinated, it must be at least 2 weeks since receiving the second dose in a two-dose series or 2 weeks since receiving a single dose vaccine

I understand that I cannot come to work with any COVID-19 symptoms. If I develop symptoms while at work, I will notify my supervisor immediately and leave campus. If I am not feeling well enough to drive, I will be isolated while making arrangements to leave. I will work with my supervisor to determine when I can return to work. I understand the COVID-19 guidance is subject to change and may be updated as new information is received by South Kitsap School District.

Staff Name: _____

Staff Signature: _____ Date: _____