



**Rosary Academy Parent/Guardian Attestation of Confirmed Negative  
COVID-19 Test for Child**

**Today's Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Testing Certification:**

I certify that my child tested negative for COVID-19 using an FDA approved/authorized test that was taken on or after day 5 from symptom onset or on or after day 5 from a positive COVID-19 test.

**Date of COVID-19 Test:** \_\_\_\_\_

**Location of COVID-19 Test:** \_\_\_\_\_

**I have not experienced or displayed any of the following COVID-19 symptoms in the last 24 hours:**

- Fever or chills (No fever greater than 100 without the use of fever reducing medication)
- Diarrhea
- Loss of taste or smell
- Shortness of breath (if shortness of breath is a chronic condition), or other respiratory symptoms
- Muscle aches or severe fatigue
- Nausea or other GI symptoms except for diarrhea or vomiting
- Headache
- Chills
- Shortness of breath (if not a chronic condition)
- Vomiting
- Cough
- Sore throat
- Congestion
- Runny nose

**Agree**       **Disagree**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**