K-12 SCHOOLS SYMPTOM SCREENING:

Parent/Guardian Attestation

Child's First Name:								Child's Last Name:									
Parent/Guardian First Name:							Parent/Guardian Last Name:										
	COV	'ID-19, d	ad close or has an														
		Yes > The child should not be at school. The child can return 14 days after the last time he or she had clocontact with someone with COVID-19, or as listed below. No > The child can be at school if the child is not experiencing symptoms.													d close		
2. Does	s you	ır child	have an	y of the	ese sy	mpton	ns?										
		New co	ss of breaugh			y breatl	hing	away fr membe	om others (e.g., re, unle	er peopl , sibling ess the s	le, and ps) shou symptor	ıld also d	health quaranti	care p ine for	rovider. 14 days	ne, stay Househ s from las esult of a	st
3. Since	e the	ey were	last at s	chool,	has y	our chi	ild bee	n diagn	osed	with C	OVID	-19?					
	_	Yes No	If a child i	s diagnos s, they sh	sed with ould no	COVID- t be at so	19 based chool and	d on a test d should s	, their sy ay at ho	ymptom ome unti	s, or do	es not ge neet the d	et a CO\ criteria b	/ID-191 elow.	test but l	has had	
A child o	an re	eturn to	school wh	nen a fai	mily m	ember d	can ens	sure that	they c	an ans	wer Yl	ES to A	LL thre	e que	stions:		
		Has it b	een at lea een at lea re been s	ast 24 h	oras s	ince th	e child	had a fe	ver (w	vithout	_			g med	dicine)'	?	
			negative and they			-		turn to s	chool o	once th	here is	no fev	er with	out th	ie use	of feve	r-
have pa	ssed	l since t	iagnosed he date d s since th	of their f	irst po	sitive C											0 days
out of so	chool	for 14	etermine days sind the full 1	e the la	st kno	wn con	ntact, ur	nless the	ey test	t positiv	ve. In v						
I attest	that	the foll	owing in	format	ion is	true to	the be	est of m	y kno	wledg	je as c	of:					
/ MONTH						м РМ		Signat	ıre: _								