

COVID-19 SYMPTOM ATTESTATION FOR SCHOOL

In the last 24 hours, have you experienced ... (last 72 hours after a break)

Parents may respond on behalf of their children.

Name:

- A new **fever** (100.4 F or higher) or a sense of having a fever?
- A new **cough** that you cannot attribute to another health condition?
- New **shortness of breath** that you cannot attribute to another health condition?
- A new **sore throat** that you cannot attribute to another health condition?
- New **muscle pain** that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise?
- New **gastrointestinal symptoms**, such as nausea, vomiting or diarrhea that you cannot attribute to another health condition?
- New **respiratory symptoms**, such as a runny nose, that you cannot attribute to another health condition?
- New **chills** that you cannot attribute to another health condition?
- New **loss of taste or smell** that you cannot attribute to another health condition?
- A new **headache** that you cannot attribute to another health condition or emotional reason?
- Unusual tiredness or **fatigue**?

Have you/your child been in close contact with confirmed COVID-19?

Have you/your child had a positive COVID-19 test for active virus in the past 10 days?

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Has your student received any medication to reduce fever before coming to school?

If you are sick or have one or more of the above symptoms:

- **You must stay home or leave the School.**
- **Follow the School's procedure for calling out sick or requesting to work from home.**
- **Contact your health care provider for medical guidance.**
- **Return to School in accord with the School's Plan for Suspected COVID-19.**