

I attest that my child (or I), _____ do not have any of the following:

- Cough
- Fever
- Been around anyone who was sick
- Has not had a medical professional tell your child to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.
- Difficulty Breathing
- Abdominal issues

<u>FOR SCHOOL USE ONLY</u>
TEMPERATURE:
TIME:
DATE:

Signature: _____

Date: _____

STUDENTS WHO FORGET/DON'T BRING ATTESTATION PAGE

Student name: _____ stated they did not have any of the following:

- | | | | | |
|---------------------------------|------------|------------|-----------|--|
| Cough | Yes | No | | |
| Difficulty Breathing | | Yes | No | |
| Fever | Yes | No | | |
| Been around anyone who was sick | | Yes | No | |
| Abdominal issues | Yes | No | | |
| Been to the doctor | Yes | No | | |

<u>FOR SCHOOL USE ONLY</u>
TEMPERATURE:
TIME:
DATE:

Staff Name: _____

Date: _____