Lake Washington School District

Risk and Safety Services

Rev. APRIL 2021

COVID19 Elementary Daily Student Attestation Form

Supplemental Document for: COVID19 Supervisor, Attestation & Screening Coordinator

The Washington Departments of Health and Labor & Industries requires school districts to screen all students to determine if the student has COVID-19 or has been in close contact with an individual exposed to COVID-19.

STUDENT NAME _____ DATE _____

SCHOOL _____ GRADE/TEACHER _____

In the past 24 hours has your student or anyone in your household experienced any of the following symptoms:

- Fever of 100.4 or above
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Loss of Taste or Smell
- Fatigue*
- Muscle Pain or Body Aches*
- Headache*
- Sore Throat*
- Congestion or Runny Nose*
- Nausea or Vomiting*
- Diarrhea*
- Other signs of new illness

A short-term symptom – if a student has **only one of these symptoms and the symptom begins and resolves in less than 24 hours **AND** no known COVID-19 exposure (close contact). If a student or anyone in the household has only one of these symptoms and the symptoms begins and resolves in less than 24hours and no known COVID exposure, a student can return to school Please contact the school even if your student or anyone in your household has a short-term symptom. A COVID-19 test is not required.*

YES _____ NO_____

1. Has your student been in close contact with anyone with confirmed COVID-19? *Close contact includes: been within 6 feet of a person with COVID 19 for a combined total of 15 mins or more within a 24 hour period; **OR** live in the same household as a person with COVID-19; **OR** cared for a person with COVID-19; **OR** been in direct contact with saliva or other body secretions from a person with COVID-19.*
2. Does anyone in your household have COVID-19 like symptoms &/or is anyone in your household being tested for COVID-19?
3. Has your student or anyone in your household had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told your to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?

If you answer YES to any of these questions, stay home and contact your school.

YES_____ NO_____

If you answered yes to any of the above, please do not bring your child to school and follow the attendance policy.

I attest that the responses regarding my child given above are true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Daytime Phone _____ Date _____