

**Student Health Screening Attestation Form**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

The Office of the Superintendent of Public Instruction (OSPI) requires that staff and students undergo a health screening before entry to school each day. Please answer the following questions for your student. Does your student have:

Symptoms	Yes	No
A cough		
Shortness of breath or difficulty breathing		
A fever of 100.4 or higher or a sense of having a fever		
A sore throat		
Chills		
New loss of taste or smell		
Muscle or body aches		

Symptoms	Yes	No
Nausea/vomiting/diarrhea		
Congestion/running nose (not related to seasonal allergies)		
Unusual Fatigue		
Headache		
Does anyone in your household have any of the above symptoms?		
Has your student been in close contact with anyone with suspected or confirmed COVID-19?		
Has your student had any medication to reduce a fever before coming to school?		

Per OSPI and health department guidance, if the answer to any of the above questions is “yes” and the identified symptom(s) is not attributed to another health condition as documented by the student’s health care provider, the student must not attend school/school sponsored activities.

Signature Parent/Guardian Completing Form: \_\_\_\_\_

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