



Daily Health Attestation

With this signature, I attest that all of the following statements are true regarding my student.

- ✓ My student does **NOT** currently show any of the following signs or symptoms (that are not caused by another condition):
 - Shortness of breath or difficulty breathing
 - Fever (temperature of 100.4 or greater) or chills
 - Cough
 - Recent loss of taste or smell
 - Congestion or runny nose
 - Sore throat
 - Muscle or body aches
 - Unusual fatigue
 - Nausea or vomiting
 - Diarrhea

- ✓ My student has **NOT** been in close contact with someone who has tested positive for COVID-19.

- ✓ My student has **NOT** been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.

- ✓ My student has **NOT** had a positive COVID-19 test for active virus in the past 10 days.

Student Name _____

Guardian Name _____

Guardian Signature _____

Date _____