



Coronavirus (COVID-19) Attestation Form

Date: \_\_\_\_\_ School/Location: \_\_\_\_\_

Parent / Staff / Student Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Teacher: \_\_\_\_\_

In line with the recent Covid-19 outbreak, the Monroe School District (MSD) is taking proactive measures to prevent exposure at school. Please complete the following for you/your child. Return this to the bus/school **each day** prior to loading or entering the school.

Please declare if you/your child has any of the following symptoms within the last day, that are not caused by another condition: *fever (100.4 degrees or higher), cough, shortness of breath, unusual fatigue, muscle/body aches, headache, recent loss of taste/smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea ?*

YES\*  NO

Have you been in close contact with anyone with confirmed COVID-19?

YES\*  NO

Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test? *If someone is waiting on a test result simply because of asymptomatic, employment, or outgoing travel preparation testing, they do not need to quarantine while waiting for test results.*

YES\*  NO

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? *\*If YES, please do NOT come to school. Contact your school for more information.*

YES\*  NO

This checklist is provided to help families assess their exposure and limit the risk of spreading the COVID-19 virus. This is not intended to be an exhaustive list of symptoms or exposures, but to assist in self-declaring one's willingness and ability to be spatially present on MSD property.

Staff / Parent / Guardian Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_