

**Daily Student Attestation Coupon**

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

**\*\*Please check appropriate boxes below\*\***

In the past 24 hours, has your student experienced:

- |   |  |
|---|--|
| -A fever of 100.4 or above (or felt feverish) | - Chills                                     |
| -Loss of taste or smell                       | -Sore or scratchy throat                     |
| -Cough  | -Runny nose                                  |
| -Difficulty breathing                         | -Shaking or exaggerated shivering            |
| -Shortness of breath                          | -Significant muscle pain or body aches       |
| -Headache                                     | -Diarrhea (2 or more loose stools in 24 hrs) |
| -Fatigue                                      |  |

YES (student must stay home, refer to Covid 19 guidance)  
 NO

In the past 14 days, has your student:

- Been diagnosed with COVID-19 through a lab-confirmed test?
- Had close contact with a lab-confirmed COVID-19 case?

YES (student must stay home, refer to Covid 19 guidance)  
 NO

Parent Signature: \_\_\_\_\_

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