

Parent Affirmation Form

By execution of this statement, I affirm that my child(ren)'s presence at school on any day constitutes an affirmative representation on my part that I/we have performed the required health screening below and affirm that the responses to all questions are NO.

Student Name(s):

Grade Level(s)

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Legal Guardian Signature_____

Date_____

Screening Questions

Yes or No, neither I nor my child(ren) have any of the following:

- A fever of 100 degrees or higher or a sense of having a fever during the past 72 hours
- New or unexpected cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity such as physical exercise
- New loss of taste or smell
- Nausea, vomiting, or diarrhea
- Currently living with a person who has exhibited symptoms of COVID19 or is currently under quarantine due to close contact with a person suspected or confirmed to have COVID19

Yes or No, in the past 14 days, neither I nor my child(ren) have done either of the following:

- Cared for or had other close contact with a person suspected or confirmed to have COVIC19
- Traveled off-island