



COVID-19 Student Attestation of Health

***Prior to starting on campus learning, each RCPS parent is required to certify that:**

- Within the past 24 hours my child has had no signs of a fever or a measured temperature of 100 degrees or greater, a cough, shortness of breath or difficulty breathing, or at least two of these symptoms: Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell.
- Has not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (*e.g., sharing utensils, being coughed on*) from a person who has tested positive for COVID-19, while that person was symptomatic.
- Has not been asked to self-isolate or quarantine by their doctor or a local public health official.

Any parent whose child is exhibiting symptoms or whose parent is unable to certify will be directed to leave the campus immediately. The parent will be advised to seek medical attention and applicable testing by their health care provider. Said student may not return to the school site until cleared by a medical professional.

For the Parent: I certify and confirm that the following statements are true:

1. My child is not exhibiting any of the following symptoms associated with COVID-19:
 - a. Fever of 100°F or greater
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Or at least two of these symptoms:
 - i. Fever
 - ii. Chills
 - iii. Repeated shaking with chills
 - iv. Muscle pain
 - v. Headache
 - vi. Sore throat
 - vii. New loss of taste or smell
2. My child has not been in close contact with anyone within the last 14 days who has been quarantined or isolated due to COVID-19.
3. My child has not been advised by any medical provider or health authority that he/she may have been exposed to COVID-19.
4. My child has not traveled out of the country in the past 30 days, or been in close contact with anyone who has traveled out of the country in the past 30 days.

I understand that in the case I am notified that my child has been exposed to COVID-19 or starts to exhibit any of the symptoms above while at school, I will pick my child(ren) up from school immediately.

I also understand that my child is expected to use appropriate PPE when at school and that RCPS has a zero-tolerance approach to intentional or unintentional breach of company guidance on the use of PPE.

Student Name: _____

Parent Signature: _____

Date: _____