

K-12 Schools Student Screening

Parent/Guardian Attestation

Child's First Name _____ Child's Last Name _____

Parent/Guardian's First Name _____ Parent Guardian's Last Name _____

Parent/Guardian Signature attesting to accuracy of information provided below: _____

<p>MONDAY</p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with COVID-19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>2. Does your child, <u>or anyone in your household</u>, have any of these symptoms?</p> <p><input type="radio"/> Fever</p> <p><input type="radio"/> Chills</p> <p><input type="radio"/> Shortness of Breath/difficulty breathing</p> <p><input type="radio"/> New Cough</p> <p><input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with COVID-19?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>	<p>TUESDAY</p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with COVID-19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>2. Does your child, <u>or anyone in your household</u>, have any of these symptoms?</p> <p><input type="radio"/> Fever</p> <p><input type="radio"/> Chills</p> <p><input type="radio"/> Shortness of Breath/difficulty breathing</p> <p><input type="radio"/> New Cough</p> <p><input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with COVID-19?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>
<p>THURSDAY</p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with COVID-19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>2. Does your child, <u>or anyone in your household</u>, have any of these symptoms?</p> <p><input type="radio"/> Fever</p> <p><input type="radio"/> Chills</p> <p><input type="radio"/> Shortness of Breath/difficulty breathing</p> <p><input type="radio"/> New Cough</p> <p><input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with COVID-19?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>	<p>FRIDAY</p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with COVID-19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>2. Does your child, <u>or anyone in your household</u>, have any of these symptoms?</p> <p><input type="radio"/> Fever</p> <p><input type="radio"/> Chills</p> <p><input type="radio"/> Shortness of Breath/difficulty breathing</p> <p><input type="radio"/> New Cough</p> <p><input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with COVID-19?</p> <p><input type="radio"/> Yes (student must stay home)</p> <p><input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>

This form must be completed DAILY, including parent/guarding date/time/initial, and displayed to the bus driver upon boarding a school bus. Failure to provide this form may result in loss of bus rider privileges. See reverse side for information about return to school guidelines.

Return to School Guidelines

Question 1: Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with COVID-19, or has any health department or health care provider contacted you and advised you to quarantine?

If the answer to question 1 is “YES,” your child should NOT be at school. The child can return 14 days after the last time he/she had close contact with someone with COVID 19. They must complete the full 14 days of quarantine, even if they test negative for COVID 19.

Question 2: Does your child, or anyone in your household, have any of these symptoms?

- ✓ Fever
- ✓ Chills
- ✓ Shortness of Breath/difficulty breathing
- ✓ New Cough
- ✓ New loss of taste or smell

If the answer to ANY of the symptoms above is “YES,” they should stay home, stay away from other people, and you should contact your health care provider.

If your child develops symptoms or test positive for COVID 19, they may return to school when:

- ✓ It has been at least 10 days since he/she first had symptoms,
- ✓ AND it has been at least 24 hours since he/she had a fever (without fever reducing medicine),
- ✓ AND it has been at least 24 hours since the child’s symptoms have improved, including cough and shortness of breath.

If your child, or a person in your household, develops fever, chills, shortness of breath or difficulty breathing, a new cough, or a new loss of taste or smell, all members of the household who are affiliated with the school (such as a sibling who is also a student, or a parent who is a teacher) must **not** go to school because they are contacts to a potential COVID-19 case. If the symptomatic individual receives confirmation of an alternate diagnosis from a health care provider that would explain the COVID-19-like symptom(s), or a negative COVID-19 PCR test –not rapid antigen test--once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours, the child and/or the household member may also return to school at that time, assuming they have not developed symptoms.

Question 3: Since your child was last at school, has he/she been diagnosed with COVID 19?

If your child has been diagnosed with COVID 19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID 19 diagnostic test.

NOTE: if the child later develops symptoms, they must meet the requirements listed for question #2 to return to school.

For more information, please refer to the Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-1- (K-12) located at https://files.nc.gov/covid/PHT-ScreeningReferenceGuide_6.30.pdf