

COVID-19 Symptom Self-Attestation for On-Site Personnel and Students

I attest that should I, or my child, have any of the following symptoms or are otherwise feeling sick, my child and I will stay home and not participate in any in-person activities organized by the Seattle Latvian School:

- A new **fever** (100.4 F or higher) or a sense of having a fever
- A new **cough** that you cannot attribute to another health condition
- New **shortness of breath** that you cannot attribute to another health condition
- A new **sore throat** that you cannot attribute to another health condition
- New **muscle pain** that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise
- New **gastrointestinal symptoms**, such as nausea, vomiting or diarrhea that you cannot attribute to another health condition
- New **respiratory symptoms**, such as a runny nose, that you cannot attribute to another health condition
- New **chills** that you cannot attribute to another health condition
- New **loss of taste or smell** that you cannot attribute to another health condition
- A new **headache** that you cannot attribute to another health condition or emotional reason

If understand that if my child or I are sick or have one or more of the above symptoms, my child and I must stay home or leave any in-person activities organized by Seattle Latvian School.

I understand that if my child or I are at Seattle Latvian School and later find out my child or I have contracted COVID-19, I will inform Seattle Latvian School leadership as soon as practicable.

I attest that if my child or I receive positive test results for a COVID-19 infection, my child and I will stay home.

I attest that if my child or I are in close contact within the previous 14 days with a person who has a COVID-19 infection, my child and I will stay home.

Close contact includes being within approximately 6 feet of a person with confirmed COVID-19 for more than a few minutes, living with a person who has COVID-19 or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, kissing, sharing utensils).

Name

Date

Signature

Date

Name of child

Date

Signature of child

Date