Heatly School
GREEN ISLAND UFSD

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Daily Health Assessment Attestation

Last Updated 4/14/2021

1. Are you or anyone in your household currently experiencing, or have experienced in the past 10 days, any of the following symptoms of COVID-19

- Fever over 100.0 or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

______ No. Go to the next question.
______Yes. No further screening is needed. The employee/student may not report to work/school.

2. Have you knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19?
______ No. Go to the next question.
______Yes. No further screening is needed. The employee/student may not report to work/school.

3. Have you tested positive through a diagnostic test for COVID-19 in the past 10 days?
______ No. Go to the next question.
______Yes. No further screening is needed. The employee/student may not report to work/school.

___________________________________ ___________________________________
Staff/Student Name (Print) **Adult Signature**

______________ _______________
Received Initials **Date**