

COVID-19 ATTESTATION FORM

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NAME	BEST PHONE # TO REACH YOU TODAY	DATE

PURPOSE

This form is an assessment tool to determine recent exposure to, and symptoms of, COVID-19 to evaluate your (or your child's) eligibility to enter the program. In accordance with requirements from MA Dept. of Early Education and Care, all children, staff and visitors are required to self-screen daily prior to coming to campus. By coming to the Central Co-Operative Nursery School, you are attesting that you (or your child) are free of all symptoms outlined below.

HOW TO SELF-SCREEN

Prior to coming to the Central Co-Operative Nursery School, each day, assess yourself or your child for any of the following signs or symptoms of possible COVID-19.

- | | |
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| <input type="checkbox"/> Fever or temperature 100°F or greater | <input type="checkbox"/> Unexplained new or worsening cough |
| <input type="checkbox"/> Unexplained sore throat | <input type="checkbox"/> Nausea, vomiting or diarrhea |
| <input type="checkbox"/> Fatigue (<i>must be accompanied by other symptoms</i>) | <input type="checkbox"/> Shortness of breath/difficulty breathing |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Close contact with anyone having COVID-19 |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Unexplained headache | <input type="checkbox"/> Unexplained muscle or body aches |

NEXT STEPS

Any staff member, visitor, or parent who answered "yes" to any of the above questions, STOP! Do not come to the Central Co-Operative Nursery School,. You or your child must stay home until symptom-free without the use of medications for 24 hours.

ATTESTATION

YES Today or in the past 24 hours, have you, your child or any household members
NO had any of the symptoms above?

YES In the past 14 days, have you or your child had close contact with a person
NO known to be infected with COVID-19?

YES Has your child been given today any medication that could mask a fever?
NO

PARENT SIGNATURE

STAFF SIGNATURE