St. Mary Catholic School

Attestation Form

Reporter__________________  Reportee__________________

Reportee Temperature Check: ___________

Attestation Questions:

1. In the past 24 hours, has a person you are reporting for experienced:
   • Fever greater than 100.4  Yes_____ No_____  
   • Cough  Yes_____ No_____  
   • Loss of Taste or Smell  Yes_____ No_____  
   • Sore Throat  Yes_____ No_____  
   • Shortness of Breath  Yes_____ No_____  
   • Fatigue  Yes_____ No_____  

2. Have you recently been in close contact with anyone who has exhibited any COVID-19 symptoms?
   Yes_____ No_____  

3. Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State DepartmentS?
   Yes_____ No_____  

Reporter Signature:__________________  Date:___________