

St. Mary Catholic School

Date \_\_\_\_\_

**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: \_\_\_\_\_