

**Parent/Guardian Attestation of Confirmed Negative COVID-19 Test for Student**

**Today's Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

<p><b>Parent Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone Number:</b> _____</p>
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**Testing Certification:**

I certify that my student tested negative for COVID-19 using an FDA approved/authorized test that was taken on or after day 5 from symptom onset or on or after day 5 from a positive COVID-19 test.

**Date of COVID-19 Test:** \_\_\_\_\_

**Location of COVID-19 Test:** \_\_\_\_\_

**My student has not experienced or displayed any of the following COVID-19 symptoms in the last 24 hours:**

- Fever or chills (No fever greater than 100 without the use of fever reducing medication)
- Diarrhea
- Shortness of breath (if shortness of breath is a chronic condition), or other respiratory symptoms
- Muscle aches or severe fatigue
- Headache
- Chills
- Shortness of breath (if not a chronic condition)
- Vomiting
- Cough
- Sore throat
- Congestion
- Runny nose

**Agree**       **Disagree**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**