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**Student Attestation Form**  
**Return to School From a Health Department Ordered Quarantine**

**This form must be presented in person to the School Nurse**

Dear \_\_\_\_\_ School Nurse:

\_\_\_\_\_ was placed on quarantine on \_\_\_\_\_.  
(Child's Name) (Date)

I attest that the following criteria have been fulfilled:

- He/she/they have not tested positive for COVID-19; AND
  - It has been at least 10 days since he/she/they last had prolonged, close contact with a person who was infected with COVID-19; AND
  - He/she/they have not experienced any symptoms consistent with COVID-19;
- OR
- If he/she/they have experienced any COVID-19 symptoms, I can provide evidence of a negative **PCR test** result OR an acceptable alternate diagnosis.

By certifying the answers above, I swear or affirm that the answers I have provided above are true and correct to the best of my knowledge. I will:

- continue daily symptom monitoring for four additional days post last day of quarantine (days 11-14)
- continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through days 11-14
- Should any symptoms develop, immediately self-isolate and contact the school, and health care provider or public health authority to report this change in clinical status and determine if you should seek testing

I understand that if I have knowingly made a false statement, I may be subject to further actions imposed by the Superintendent of Schools.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date