

Daily COVID-19 Symptom Attestation for PITT County Schools Transportation

By completing this attestation, I am certifying: My child has not had close contact (within 6 ft for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has not been in contact with any health department or health care provider that has advised my child to quarantine. My child does not have any of these symptoms: fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell. Since last at school, they have not been diagnosed with COVID-19.

Student Name: _____ DATE: _____

Parent/Guardian Signature: _____

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