



## Parent/Guardian Daily Screening & Attestation

Parents/Guardians or a residential designee are required to perform the following COVID-19 symptoms and contact screening of their NLG student/member and complete the attestation at the bottom of this form prior to sending them to NLG each day. Declination of a parent/guardian to perform this screening and/or sign this attestation will result in the student/member being unable to enter the program.

### By signing this document:

- I attest to the fact that I have not given my child/adult any fever reducing medication within the last 4 hours;
- In the past 14 days, my child/adult and any household members have not been in groups of larger than 25 people;
- In the past 14 days, my child/adult and any household members have not traveled outside of the country or state of MA, exclusive of CT, ME, NH, NJ, NY, or VT;
- In the past 14 days, my child/adult has not had close contact with a person known to be infected with the novel coronavirus (COVID-19);
- Today and in the past 24 hours, my child/adult and any household members have not had any of the following symptoms, and;
- I confirm that I have screened my child/adult for the following symptoms.
  - ✓ Fever (temperature of 100.0 F or above), felt feverish, or had chills
  - ✓ Cough
  - ✓ Sore throat
  - ✓ Difficult breathing
  - ✓ Gastrointestinal symptoms (diarrhea, nausea, vomiting)
  - ✓ Fatigue
  - ✓ Headache
  - ✓ New loss of smell / taste
  - ✓ New muscle aches
  - ✓ Any other signs of illness

Student's/Member's Name \_\_\_\_\_

Parent/Guardian's Name  
(or Residential Program designee) \_\_\_\_\_

Parent/Guardian's Signature  
(or Residential Program designee) \_\_\_\_\_

Date \_\_\_\_\_