



Absence Attestation

Following an absence of more than two (2) days, for any reason, all staff and students are required to complete this attestation before returning to CCA. If a student, this form must be completed by a parent/guardian and returned to the main office **in person** on the day they return.

Name of student/staff ("Person"): _____

Date of birth: ____/____/____ Phone number: _____

Grade (if student): _____ Staff Role: _____

of days absent _____ Dates: from ____/____/____ to ____/____/____

The absence was due to (check ONE): Positive Covid test Exposure to person positive for Covid
 Non-Covid illness Other _____

If not tested for Covid, initial here: _____

If absence was due to illness of any kind, check all symptoms the Person experienced:

- | | |
|--|---|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath, difficulty breathing | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Loss of taste or loss of smell | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Fever (temperature higher than 100.4°) | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Chills Muscle or body aches | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Experienced NO symptoms (asymptomatic) |

IF tested for Covid provide the following: Tested Positive Tested Negative

1st date of symptoms*: ____/____/____ Last date of symptoms*: ____/____/____
**If asymptomatic, skip dates* **If asymptomatic, skip dates*

Date tested for Covid? ____/____/____ Date of results? ____/____/____

If not tested OR if test was negative, the Person may return to CCA when they have had no fever for 48 full hours without the use of a fever-reducing medication and symptoms have improved (back to usual health). If the test was positive, the person must follow CCA Covid protocols and have remained off campus for at least 10 days after the date symptoms started. If exposed to someone positive with Covid and no symptoms arise, Person may return after 5 days of isolation off campus.

I (print name clearly) _____ attest that I, or my child, are back to usual health and ready to return to CCA, and have NOT had a fever (temperature higher than 100.4°) without the use of any fever-reducing medication in the last 48 hours.

Signature*: _____ Date: ____/____/____
**By signing here, I attest that everything I've documented here is true and accurate*