**14823 Path Valley Rd. AN EQUAL RIGHTS AND**

**Willow Hill, PA 17271 OPPORTUNITY AGENCY**

**Phone: 717-349-7172**

**Fax: 717-349-2748**

*Verification Form*

*(To be used for a “Close Contact Student who* ***resides/lives with*** *a Positive Case” and is Returning to School)*

*Step 1: Confirm Student meets definition of a “Close Contact Student who lives with a Positive Case.”* ***To be completed by School District***

* *Was within 6 feet of a Positive Case for 15+ minutes or has had direct contact with infectious secretions of a Positive Case (a “close contact”);*

*AND*

* *Lives with a Positive Case such that Student cannot avoid continued close contact.*

*AND*

* *Is NOT a Symptomatic Student*

*Step 2: Complete Return to School Attestation.* ***To be completed by Parent/Guardian***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), attest to the following:

* Student had Close Contact with, *i.e. was within 6 feet for 15 or more minutes with, or had direct contact with infectious secretions of,* a Positive Case; and
* Student lived with a Positive Case and could not avoid continued close contact; and
* The Positive Case’s Isolation ended; and
	+ Last Date of Isolation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* At least fourteen (14) days have passed since Student’s last day of having Close Contact with a Positive Case, which includes fourteen (14) days **after** the Positive Case with whom they live met the criteria to end home isolation; and
	+ Date of Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student never exhibited symptoms of COVID-19 during quarantine.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by School District***

Date returned to school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_