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

**Willow Hill, PA 17271 OPPORTUNITY AGENCY**

**Phone: 717-349-7172**

**Fax: 717-349-2748**

*Verification/Return to School Form*

*(To be used for a “Symptomatic Student* ***or*** *NON-Symptomatic Student who had Close Contact with a Positive Case,” and is Returning to School.)*

***This form does NOT apply to a “Symptomatic or NON-Symptomatic Student who resides/lives with a Positive Case****.”*

***To be completed by Parent/Guardian***

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

* The 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 person who was confirmed to have COVID-19. The last day of Student’s close contact with that person was \_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
* At least fourteen (14) days have passed since Student’s last day of close contact; and
	+ Last date of close contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student does not reside/live with any individual who is a COVID-19 Positive Case.

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

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

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

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

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