



Plattsburgh/Satellite Campus - P.O. Box 455, Plattsburgh, NY 12901
Mineville Campus - P.O. Box B, Mineville, NY 12956
OneWorkSource - 194 U.S. Oval, Plattsburgh, NY 12903
www.cves.org

CV-TEC DIVISION
Michele M. Friedman
Director of Career and Technical Education

friedman_michele@cves.org
Plattsburgh Main Campus, 518-561-0100 FAX 518-561-0494
Mineville Branch Campus, 518-942-6691 FAX 518-942-3368
Satellite Branch Campus, 518-561-0100 FAX 518-324-6620
OneWorkSource, 518-561-0430 FAX 518-324-3379

CVES MISSION

Champlain Valley Educational Services empowers students, schools and communities by providing exemplary education, training, support and shared services.

**MUST BE RETURNED TO CV-TEC ON
THE FIRST DAY OF ATTENDANCE**

**COVID-19 Student Screening
Attestation Form**

CV-TEC Student's Name: _____

Parent Attestation:

I agree to conduct a **daily screen** of my child regarding symptoms of COVID-19 or any household contacts with COVID-19 prior to the arrival on a CVES campus for live, in-person instruction.

If you are unable to answer "true" to all the below statements for your child, please do not send your child to school.

Statement #1

My child is feeling healthy and well today (My child does not have: a fever over 100°, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).

Statement #2

Within the last 14 days, my child has **not** been in close contact with anyone who has been diagnosed with COVID-19.

Statement #3

Within the last 14 days, my child has **not** tested positive for COVID-19 nor has my child been diagnosed as COVID-19 positive by a healthcare provider.

Statement #4

Within the last 14 days, my child has **not** traveled internationally or to a state(s) with significant community spread of COVID-19. Please visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory> for the most recent list of states.

By sending my child to school on any given day, I certify that I have screened my child on that day and the answer to **ALL** of the above statements is **TRUE**.

Parent's Name (print) _____

Parent's Signature _____

Date: _____

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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