COVID 19 Health Screening for In-Person School

*<u>Parents or Guardians</u>: This form must be completed for **each child** and for **each day** that your child plans to attend school or enter a school building for in-person services. This form must come to school with your child as they enter the bus or a school building, if they walk or you are dropping them off.*

Student's Name: ______________________________ Date: ____________________

Parent Name: ______________________________ Phone #: __________________

School: ______________________________

How are you feeling today? (Circle one) Well Not well

Do you have ANY of the following symptoms (circle or check as appropriate):

- A fever of 100.0°F or higher, or a sense of having a fever
- Chills
- A cough
- Shortness of breath or difficulty breathing
- Unusual fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- A sore throat
- Congestion/runny nose
- Nausea or vomiting
- Diarrhea

- None of the above symptoms

Have you been in close contact with anyone with confirmed COVID 19? (circle one) Yes No

Have you had a positive COVID – 19 test for active virus in the past 10 days? (circle one) Yes No

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID – 19 infection? (circle one) Yes No

If the student has any of the above symptoms or the response is "YES" to any of these questions, the student may not come to school or into a school for in-person services.

If the student develops any of these symptoms while at school, district staff will follow our isolation protocols and contact you to pick up your child from school.

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