

Student Health Screening Entry Form

Please assess your child daily for the following symptoms and answer the contact questions.

- Fever of 100.4 or higher
- Uncontrolled cough
- Shortness of breath or difficulty breathing
- Sore throat
- Loss of sense of smell or taste
- Muscle aches
- Vomiting or diarrhea
- Is your child currently awaiting COVID-19 test results?
- Does your child live in the same household with someone positive for COVID-19?
- Has your child had close contact with someone who in the past 14 days who tested positive for COVID-19?

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