

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? **If yes, please keep your child home and notify the school nurse when test results received. Further instructions will be discussed at that time.**
- Does your child live in the same household with someone positive for COVID-19? **If yes, your child must quarantine for 14 days from the last date of contact with the positive individual. A negative test result does not reduce the quarantine requirement for the full 14 day incubation period.**
- Has your child had close contact with someone who in the past 14 days who tested positive for COVID-19? **If yes, your child must quarantine for 14 days from the last date of contact with the positive individual. A negative test result does not reduce the quarantine requirement for the full 14 day incubation period.**

Revised 9/4/2020