

DAY STUDENT COVID-19 PARENT/GUARDIAN SCREENING FORM

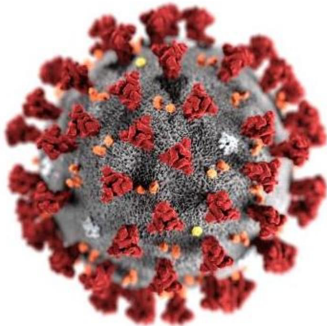
To be completed by guardian daily and sent to school with the student daily.

Date: _____

Student's name

SCREENING TEMPERATURE

If the student's temperature is at or above 100, he/she should not be transported to school and the student's case manager should be notified.



SCREENING QUESTIONS

Has the student had a fever of 100 or higher, during the past week?

☐ Yes ☐ No

Has the student been coughing or had unusual shortness of breath, sore throat, chills, body-aches, or loss of smell/taste?

☐ Yes ☐ No

Has the student or any member of the household been tested for the COVID-19 virus, if so what was the results?

☐ Yes-negative ☐ Yes-positive ☐ Not tested ☐ No-no symptoms

Has the student traveled outside of the United States, or a high risk area within the United States the past month or traveled by airplane?

☐ Yes ☐ No

If the answer to any of the above questions is yes, the answers should be reviewed with your child's assigned nurse prior to placing on transport to school.