

## **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? **If yes, please keep your child home and notify the school nurse when test results are received. Further instructions will be discussed at that time.**
- Has your child had close contact with someone who in the past 14 days tested positive for COVID-19? **If yes, your child must quarantine for 7 days from the last date of contact with the positive individual. The quarantine period may be shortened if a negative COVID test result is obtained on day 5 or later from exposure to the positive case.**