COVID-19 Building Pre-Entry Screening Form for Students
August 2021

Parents/Students: All parents/guardians will be required to conduct a daily Pre-Arrival Screening of their children at home, before their children leave for school, which involves taking temperatures daily and monitoring for the symptoms identified below. If any of the following are true, the parent/guardian must keep the student at home and contact the school nurse for further instructions.

Name of School:       School Phone Number:
Name of School Nurse:

____________________________________________________________________________

In the past 24 hours, has your child had any of the following symptoms unrelated to a pre-existing medical condition:

- Fever of 100.4°F or greater
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Fatigue
- Nausea or vomiting
- Diarrhea
- New or persistent cough
- New loss of taste or smell
- Shortness of breath or difficulty breathing

☐ Yes
☐ No

Has your child been in close contact* with someone who tested positive for COVID-19 within the past 10 days? *Close contact: Within six feet of a Covid positive person for a total of 15 minutes during the 48 hours before they tested positive or exhibited symptoms.

☐ Yes
☐ No