

PLEASE MAKE A COPY OF THIS FORM BEFORE ENTERING SCHOOL INFORMATION

## **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:**

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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