

Health Screening Protocol for Student

All children who meet any of the criteria below will be denied entry:

- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, nausea or vomiting, or abdominal pain
- New onset of severe headache
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person under quarantine for possible exposure to COVID-19.

By signing below, I am verifying that I have conducted a health screening for my child before arriving to school and they DO NOT have any symptoms outlined above.

Student Name: _____

Parent Signature: _____ Today's date: _____

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