

DAILY SCREENING QUESTIONS FOR B-ESD STUDENTS



Student may not attend in-person school if any answers are YES

Does the student have, or has had in the last 72 hours, any of the following symptoms (that are not caused by another condition): Fever (100.4F) or Chills, Cough, Shortness of Breath, Difficulty Breathing, Fatigue, Muscle or Body Aches, Headache, Recent Loss of Taste or Smell, Sore Throat, Congestion, Runny Nose, Nausea, Vomiting or Diarrhea? YES _____ NO _____

Has the student been in close contact (within 6 feet for 15 minutes or more) with anyone with confirmed Covid-19? YES _____ NO _____

Has the student had a positive Covid-19 test for active virus in the past 10 days? YES _____ NO _____

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about Covid-19 infection? YES _____ NO _____

Has the student had any medication to reduce a fever before coming to school? YES _____ NO _____

Student Name: _____ Questions answered by: _____

Parent contact # for today: _____ Date: _____

To be completed by school staff - Temperature reading: _____ Screened by (initials): _____

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