



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT HIGH SCHOOL EQUIVALENCY CHECKLIST FOR COVID-19

Examinee Name: _____ Examinee Temp: _____

Phone Number: _____ Date: _____ Staff Initials: _____

Answer the following questions

Do you have any of the following:

fever (temperature of >100.4 within the past 48 hours) Yes No

chills Yes No

cough Yes No

shortness of breath or difficulty breathing Yes No

unexplained body aches Yes No

headache Yes No

loss of taste or smell Yes No

sore throat Yes No

Have you experienced nausea, vomiting or diarrhea? Yes No

Have you come in close contact (6 feet) with someone who has a laboratory confirmed diagnosis of Covid-19 or experienced symptoms in the past 14 days? Yes No

Have you traveled internationally in the past 14 days? Yes No

I, _____, will hold Rankin County School District and its Superintendent, employees and agents harmless and free from and waive any and all legal and financial liabilities of any kind and agree not to sue for any reason or claim relative to Covid-19 or contraction of the Coronavirus as a result of HSE testing. I understand the extreme health and safety measures that are being taken by Rankin County School District to ensure that the testing environment provided for me is sanitary and that testing is conducted in accordance with CDC social distancing guidelines.

Examinee Signature: _____ Date: _____

Printed Name of Examinee: _____