

DAILY WELLNESS SCREENING

Per Covid-19 guidelines, all students are required to complete a daily Wellness Screening prior to entering any Longview Public Schools building. This can be done through Skyward Family Access or using the Skyward App. There is also a paper copy of the Wellness Screening if you are unable to do it through Skyward. Your student will need to provide documentation that the Wellness Screening was completed before they will be permitted to enter the building. You may show the green check screen when entering the building with a phone screen shot or the paper copy. This needs to be completed daily for every student entering any school building.

FROM SKYWARD FAMILY ACCESS:

1. The Wellness Screening is located on the Home page. Answer both questions and then select Save.

The screenshot shows the Skyward Family Access interface. On the left is a navigation menu with options like Home, New Student Online Enrollment, Skyward Test, Online Forms, Arena Scheduling, Calendar, Gradebook, Attendance, Student Info, Busing, Food Service, Schedule, Discipline, and Test Scores. A red arrow points to the 'Save' button at the bottom of the menu. The main content area shows the 'Wellness Screening' form for 'Entity (901) Grades 4 to 12'. The form contains two questions with radio button options for 'Yes' and 'No'. The 'Save' button is highlighted with a red box.

Entity (901) Grades 4 to 12
The Wall is not available for [redacted]

Wellness Screening Fri Aug 7, 2020

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

* [redacted] Yes No

2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself? [?]

* [redacted] Yes No


Save

2. Immediately after clicking Save, a response will display. If you responded No to both questions, you will receive a message confirming your student's entry to the school building.

The screenshot shows the Skyward Family Access interface after the 'Save' button was clicked. The 'Wellness Screening' form now displays a large green checkmark icon and a confirmation message: 'Based on your responses, you are feeling well enough for school today.' The date 'Fri Aug 7, 2020' is shown in the top right corner.

Entity (901) Grades 4 to 12
The Wall is not available for [redacted]


Wellness Screening Fri Aug 7, 2020

 **Based on your responses, you are feeling well enough for school today.**

3. Below is an example of a Yes response to one or both questions. If you answer Yes to either question, your student should stay home. Please call the school to discuss the illness.

The screenshot shows the Skyward Family Access interface displaying a 'Yes' response to the wellness screening. A red warning triangle icon is shown at the top left, followed by a message: 'You are experiencing symptoms of an illness or have been in close contact with someone with a suspected illness. Stay home today. Please call the school to discuss the illness.' Below this, the 'Wellness Screening for [redacted]' form is shown with the date '09/08/2020 Tuesday'. The first question is marked with 'Yes' selected, and the second question is marked with 'No' selected.

Wellness Screening [?]

 You are experiencing symptoms of an illness or have been in close contact with someone with a suspected illness. Stay home today. Please call the school to discuss the illness.

Wellness Screening for [redacted]
Screening Date: 09/08/2020 Tuesday

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes No

2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself? [?]

Yes No

DAILY WELLNESS SCREENING

FROM THE MOBILE APPLICATION:

1. A widget for the Wellness Screening displays on the mobile home page and it may also be accessed via the menu outlined in red in the picture on the right. Select the Today's Screening option.

Screenshot of the Skyward mobile application home page. The 'Wellness Screenings' widget is highlighted with a red box and contains a 'Today's Screening' button. A red arrow points to the menu icon in the top right corner of the app header.

2. Answer the two questions and select Submit. In this example, No was selected for both questions.

Screenshot of the 'Wellness Screening' form in the mobile application. It contains two questions with radio button options for 'Yes' and 'No'. The 'No' option is selected for both. A 'Submit' button is at the bottom, highlighted with a red box. A red arrow points to the 'More Information' dropdown menu.

1. In the last 24 hours, have you experienced any of the following symptoms in a way not normal to you?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes No

2. In the last 14 days, have you been in close contact with a suspected or confirmed case of COVID-19 or tested positive yourself?

Yes No

Submit

3. Immediately after clicking Submit, a response will display. If you responded No to both questions, you will receive a message confirming your student's entry to the school building.

Screenshot of the 'Wellness Screening' response screen. It shows a green checkmark icon and the text: "Based on your responses, you are feeling well enough for school today."

4. Below is an example of a Yes response to one or both questions.

Screenshot of the 'Wellness Screening' response screen showing a 'Yes' response. It features a red warning triangle icon and the text: "You are experiencing symptoms of an illness or have been in close contact with someone with a suspected illness. Stay home today. Please call the school to discuss the illness."

On the next page is the form for the Wellness Screening.

WELLNESS SCREENING QUESTIONS

Student Name: _____

Date: _____

1. Have you experienced any of the following symptoms within the last day that are not caused by another condition or in a way not normal to you?

- Fever (100.4°F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes No

2. Are any of the following statements true?

- You have been in close contact with someone with confirmed COVID-19.
- You have had a positive COVID-19 test for active virus in the past 10 days.
- You have been told by a public health or medical professional within the past 14 days to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.

Yes No

If you answered **NO** to both questions, you are feeling well enough for school today.

If you answered **YES** to one or both questions, please stay home today.

Please notify your school administrator if you have COVID-19, are waiting for test results, or have been exposed to someone with a confirmed or suspected case.

Parent Signature _____