



MAGNUS SYMPTOM SCREENING

Monday Screening Measure

A parent or guardian must complete the below screening each school day by 7 am and adhere to the guidelines generated in the automated screening response.

Please answer the following questions to the best of your ability. If your child has symptoms that could be COVID-19 or another medical issue, our nurse Ms. Trinh is available to provide further evaluation.

1. My child completed a COVID-19 PCR test last week and received a negative result.
2. Does your child have a fever of 100 degrees F or higher and/or unexplained chills?
3. A new, unexplained cough?
4. Shortness of breath?
5. Extreme fatigue?
6. Muscle or body aches?
7. A headache?
8. A sore throat?
9. Loss of taste or smell?
10. Congestion or runny nose?
11. Nausea or vomiting?
12. Please select one:
 - a. Unvaccinated: child has not traveled out of state.
 - b. Unvaccinated: child has traveled out of state and has quarantined 10 days post travel.
 - c. Unvaccinated: child has traveled out of state, tested 3-5 days post travel, and quarantined 7 days
 - d. Vaccinated: child is fully vaccinated against COVID-19 and hasn't traveled out of the state
 - e. Vaccinated: my child has traveled out of the state/country but is NOT experiencing symptoms.
 - f. Vaccinated: child has traveled out of the country & has a negative PCR test 3-5 days after return
13. Has your child been in close contact (more than 15 minutes in 24 hours, and within 6 feet) with someone who has a confirmed COVID-19 diagnosis?
14. I have completed this screening to the best of my ability with information I believe to be correct.

Go Message: The student may attend today. Please follow all school attendance safety guidelines.

Stop Message: Please contact our nurse Ms. Trinh at (626) 995-7118 for further evaluation.



Tuesday-Friday Screening Measure

A parent or guardian must complete the below screening each school day by 7 am and adhere to the guidelines generated in the automated screening response.

Please answer the following questions to the best of your ability. If your child has symptoms that could be COVID-19 or another medical issue, our nurse Ms. Trinh is available to provide further evaluation.

1. Does your child have a fever of 100 degrees F or higher and/or unexplained chills?
2. A new, unexplained cough?
3. Shortness of breath?
4. Extreme fatigue?
5. Muscle or body aches?
6. A headache?
7. A sore throat?
8. Loss of taste or smell?
9. Congestion or runny nose?
10. Nausea or vomiting?
11. Please select one:
 - a. Unvaccinated: child has not traveled out of state.
 - b. Unvaccinated: child has traveled out of state and has quarantined 10 days post travel.
 - c. Unvaccinated: child has traveled out of state, tested 3-5 days post travel, and quarantined 7 days
 - d. Vaccinated: child is fully vaccinated against COVID-19 and hasn't traveled out of the state
 - e. Vaccinated: my child has traveled out of the state/country but is NOT experiencing symptoms.
 - f. Vaccinated: child has traveled out of the country & has a negative PCR test 3-5 days after return
12. Has your child been in close contact (more than 15 minutes in 24 hours, and within 6 feet) with someone who has a confirmed COVID-19 diagnosis?
13. I have completed this screening to the best of my ability with information I believe to be correct.

Go Message: The student may attend today. Please follow all school attendance safety guidelines.

Stop Message: Please contact our nurse Ms. Trinh at (626) 995-7118 for further evaluation.