

School: \_\_\_\_\_ Nurse/Designee: \_\_\_\_\_

## Onslow County Schools

### COVID-19 Student Screening Confirmation of Exposure, Symptoms, or Diagnosis

This form is to be used by the school nurse or appropriately trained designee to confirm the initial screening results conducted by school staff. Some information, such as address and phone number, may need to be retrieved from PowerSchool.

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Student has or reports the following symptoms:

Fever - Temp: \_\_\_\_\_ °F     Chills     Shortness of Breath     New Cough

New loss of taste/smell     Other: \_\_\_\_\_

Student reports a positive COVID-19 test

Confirmed by adult caregiver or health care provider (attach documentation if available)

Potential close contacts (please indicate if a school-age sibling): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student reports exposure to someone diagnosed with COVID-19

Name of diagnosed person: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

If exposure, symptoms, or diagnosis is confirmed, please follow the positive screening protocols outlined in the NCDHHS Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19.

**ANY CONFIRMED DIAGNOSIS OR EXPOSURE TO PERSONS DIAGNOSED WITH COVID-19 MUST BE REPORTED TO STUDENT SERVICES AS SOON AS POSSIBLE FOR REPORTING TO THE LOCAL HEALTH DEPARTMENT.**

Please attach a copy of the bus seating chart if appropriate.

Date: \_\_\_\_\_