Your future. Our focus.
DAVIDSON COUNTY SCHOOLS

SYMPTOM SCREENING: Students and Visitors

If any of your responses need to change after this initial screening, you must contact school personnel **PRIOR** to arriving on campus on any given day.

Have you had close contact (**within 6 feet for at least 15 minutes**) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- ☐ Yes >Person cannot enter the facility and may return following most current guidance.
- ☐ No

Are you currently experiencing or have you recently experienced any of the following symptoms?

- ☐ Fever
- ☐ Chills
- ☐ New Cough
- ☐ Shortness of breath/difficulty breathing
- ☐ Loss of taste/smell

Have you recently (within the last 14 days) been diagnosed with COVID-19?

- ☐ Yes >Person cannot enter the facility and may return following most current guidance.
- ☐ No

I have answered the above questions truthfully and I understand that if at any point, my responses need to change, I must contact school personnel prior to arriving on campus.

Student/Visitor Name (printed) _____

Name (signed) _____ Date _____

Davidson County Schools will follow guidance provided by the Davidson County Health Department and the North Carolina Department of Health and Human Services regarding admission or readmission into school facilities for any person who tests positive for COVID, who is a close contact to a person who tests positive, or who experiences symptoms related to COVID.

School personnel will determine if elementary aged students can complete this form themselves or if a parent/guardian needs to complete the form.