



[School Name to be inserted]

Student Daily Health Screening Form

In order for students to enter school each day, parents/guardians **MUST** complete and sign this form. Students who do not have this form upon entry will be screened by school personnel. **No exceptions will be made.**

<i>Student First Name</i>	<i>Student Last Name</i>	<i>Homeroom Teacher</i>	<i>Grade</i>
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Student temperature prior to departing for school (Fahrenheit): _____ *Time Temperature Taken:* _____

Has the student experienced any symptoms of COVID-19, including a temperature of 100.0° F or higher in the past 14 days?

Yes **No**

Has the student tested positive through a diagnostic test for COVID-19 in the past 14 days?

Yes **No**

Has the student been in close, or proximate, contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has/had symptoms of COVID-19?

Yes **No**

Has the student traveled internationally, or from a state with widespread community transmission of COVID-19, per the New York State Travel Advisory in the past 14 days?

Yes **No**

A record of daily responses will be maintained. A designated staff member will review incoming reports. If a temperature of greater than 100.0°(F) for any student is recorded, or if any of the questions are answered in the affirmative on a given day, the student should not board a school bus nor be dropped off at school. Should a student in this situation arrive at school, he/she will be sent to a designated isolation area prior to being picked up by a parent or guardian or otherwise sent home. The student/family must contact their primary health care provider for further assessment and follow local health department guidelines as advised, which can include a 14-day quarantine.

If temperature is taken upon entering a school building and it is confirmed that a student has a fever of 100.0°(F) or higher, he/she will be directed to the designated isolation area for parent/guardian-pick up. Parents/guardians will be provided with direction to contact a primary health care provider and should follow designated return-to-school protocol before the student re-enters.

Parent/Guardian Signature: _____