

Visitation Academy - COVID -19 SCREENING TOOL

Parents/Guardians: Please complete this short check each morning and hand it to school personnel at entrance.

Temperature taken within one hour of school drop-off without fever reducers: \_\_\_\_\_

When your child woke up this morning did he/she have :

A	B
<input type="checkbox"/> Fever	<input type="checkbox"/> Cough
<input type="checkbox"/> Chills/Shivers	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Difficulty Breathing
<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of Smell
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Loss of Taste
<input type="checkbox"/> Nausea and/or vomiting	
<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Fatigue	
<input type="checkbox"/> Congestion/runny nose	

If two or more fields in Column A are checked or one in Column B are checked, please keep your child home and notify the school office.

As of this morning, has your child been within 6 feet of a COVID-19 infected person? \_\_\_\_\_

Has someone in your household been diagnosed with COVID-19? \_\_\_\_\_

Has your child traveled to an area of high community transmission? \_\_\_\_\_

If ANY of the above answers are YES, your child should stay home and not come to school. They should quarantine for 14 days and receive doctor clearance to return to school.

Child Name \_\_\_\_\_ Child's grade \_\_\_\_\_

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