

STUDENT SCREENER FOR COVID-19

Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is lab-confirmed with COVID-19. The screening questions below will also be asked of parents who drop off or pick up their child from inside the school. If you are unable to check temperatures at home, please report to _____ when you arrive onsite.

Name: _____ Campus/Department: _____

Date: _____

Yes	No	
		Are you (student) lab-confirmed with COVID-19?
		In the past 14 days, have you (student) had close contact with an individual who is lab-confirmed with COVID-19?
		Have you (student) recently begun experiencing any of the following in a way that is not normal for you?
<ul style="list-style-type: none"> • Fever ($\geq 100.4^*$) or chills • Loss of taste or smell • Cough* • Difficulty breathing • Shortness of breath • Headache* • Fatigue • Significant muscle or body aches • Sore throat • Congestion or runny nose • Nausea, vomiting*, diarrhea*, or abdominal pain* <p style="text-align: right; font-size: small;">*Included on Texas Education Agency list of symptoms</p>		

If the student or parent answered yes to any of the above:

- The student must remain off campus until cleared to return
- Isolate the student and notify a parent to pick up the student as soon as possible
- If lab-confirmed for COVID-19, the parent must follow up with _____ (district COVID-19 contact) before student can return to campus

It is also recommended that you consult with your health care provider.

Reminders to follow if you are cleared to return:

- Wear a mask or face covering if age 10 or over or in _____ grade or above
- Wash your hands or use hand sanitizer regularly
- Practice social distancing of at least 6 feet

This form must remain confidential. Any form with a yes response will be destroyed once response is addressed.