**Student Health Screening Entry Form**

Please assess your child daily for the following symptoms and answer the contact questions.

* Fever of 100.4 or higher
* Uncontrolled cough
* Shortness of breath or difficulty breathing
* Sore throat
* Loss of sense of smell or taste
* Muscle aches
* Vomiting or diarrhea
* Is your child currently awaiting COVID-19 test results?
* Does your child live in the same household with someone positive for COVID-19?
* Has your child had close contact with someone who in the past 14 days who tested positive for COVID-19?

*Revised 8/18/2020*