

Name of Student: \_\_\_\_\_

Start Date of Temperature/Symptom Screening: \_\_\_\_\_



Dear Families:

In an effort to minimize illness at Elbow Lane School we ask that you check on the health of your child daily beginning 14 days before they attend. Please bring this completed form on your child’s first day.

Please initial:

1. My child had not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days leading up to their first day of Elbow Lane School (initial) \_\_\_\_\_
2. No one in the household has been sick in the 14 days prior to attendance. (initial) \_\_\_\_\_
3. My child has not travelled by air or to any identified area where quarantine is recommended. (initial) \_\_\_\_\_
4. My child has adhered to our state’s guidelines regarding COVID19 (initial) \_\_\_\_\_

Symptoms (SYMP):

- |                |  |                               |                  |
|----------------|--|-------------------------------|------------------|
| A. Cough       | B. Shortness of Breath or Difficulty Breathing | C. Fever                      | D. Chills        |
| E. Muscle Pain | F. Sore Throat                                 | G. New loss of taste or smell | H. Nausea        |
| I. Vomiting    | J. Diarrhea                                    | K. Rash                       | L. 99.7 Max Temp |

<b>Day:</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>
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Temp/Symp.

<b>Day:</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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Temp/Symp.

*Our signature indicates that we completed this health screening daily for 14 days prior to attending Elbow Lane School to the best of our ability. We understand that arriving to school healthy is a vital for the health and safety of all.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_