**Daily School Screening Form**

**Post in your house in a visible location!**

Questions to answer each day before heading to school or any school activity, event, etc. For the health and safety of all students, staff, and stakeholders, all answers must be **NO** to the below items, in order to be on campus.

**Lower School Students**

1. Have any of the children you are dropping off had close contact (within 6

feet for at least 15 minutes) in the last 14 days with someone diagnosed with

COVID-19, or has any health department or health care provider been in contact

with you and advised you to quarantine?

Yes No

2. Do any of the children you are dropping off have any of these symptoms?

Fever

Chills

Shortness of breath or difficulty breathing

New Cough

New loss of taste or smell

3. Since they were last at school, have any of the children you are dropping off or anyone in their household been diagnosed with COVID-19?

Yes No

4. Did you check everyone’s temperature before school and was it under 100.4?

Yes No

**Middle and Upper School Students, Employees, and Visitors on Campus**

1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14

days with someone diagnosed with COVID-19, or has any health department or

health care provider been in contact with you and advised you to quarantine?

Yes No

2. Since you were last at school, have you had any of these symptoms?

Fever

Chills

Shortness of breath or difficulty breathing

New Cough

New loss of taste or smell

3. Since you were last at school, have you or anyone in your household been diagnosed with COVID-19?

Yes No

4. Did you check everyone’s temperature before school and was it under 100.4?

Yes No