

Kernodle Student --- Symptom Screening Checklist-

Please Circle Answers for Questions 4-7

1. Date:

2. Child's FIRST name:

3. Child's LAST name:

4. Have you had contact (at least 6 feet for at last 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? Screener Response: If response is yes, the person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19.

No contact

YES (if yes, student cannot stay at school)

5. Do any of the children you are dropping off have any of these symptoms. • Fever 100.4 or greater • Chills • Difficulty breathing or shortness of breath • New cough • New loss of taste or smell Screener Response: If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

No symptoms

YES, (if yes, child cannot stay at school)

6. Since you were last at school, have you been tested and awaiting results or diagnosed with COVID-19? Screener Response: If awaiting test results, the person cannot return until results are received indicating a negative result. If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

No diagnosis

YES, (child cannot stay at school)

7. If you or your child responded "No" to the first three questions and are permitted to enter the building, do you agree to adhere to all health and safety procedures while on campus (wear a face-covering, maintain a social distance of six-feet from others at-all-times, continuously wash hands/use hand-sanitizer)?

YES OR NO

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