

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No

Health Screening Date: _____

Student Name: _____

Temp: _____ °F

Any current COVID-19 symptoms? ___ Yes ___ No

Anyone in the household COVID-19 positive? ___ Yes ___ No

Exposure/Close contact to COVID-19 + person? ___ Yes ___ No