

St. Anne School

Students' Daily COVID-19 Health Screening

Date:

Have you or anyone you live with or had **close contact** with had a prolonged **cough, fever, flu-like symptoms** or been diagnosed with **COVID-19** within the last 14 days?

Yes No

Do you or anyone you live with have or had close contact with someone who has a **fever, cough and/or shortness of breath**? For children and adults, fever is 100.4 degrees or above using a forehead thermometer.

Yes No

Do you or anyone you live with had close contact or do you or anyone you live with have any other signs of communicable illness such as a **cold, flu, rash or inflammation**?

Yes No

Do you or anyone you live with have/had close contact or have you or anyone you live with experienced **diarrhea or vomiting** (within the past 24 hours)?

Yes No

Child's Name

Grade

Parent Signature

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