



STUDENT DAILY HEALTH SCREENING QUESTIONNAIRE

The health and safety of our students is our primary concern. All parents/guardians are required to ensure their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100.0 degrees or more prior to attending school in-person.

The student may only attend school in-person if all of the following statements are true:

1. I took the temperature of the below named student, and that the student's temperature is less than 100.0° F.
2. Neither the student, nor anyone residing in the student's household, currently has or had ANY of the following COVID-19 symptoms within the last 10 days:

Fever of 100.0° F or greater	Muscle or body aches
Cough	Sore throat
Shortness of breath or difficulty breathing	New loss of taste or smell
Chills	Gastrointestinal symptoms (nausea, vomiting or diarrhea)
Headache	Congestion or runny nose

***Note:** Symptoms attributed to chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat and are not considered symptoms of COVID-19.

3. The student has not tested positive for COVID-19 within the last 10 days.
4. The student has not knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19.

I hereby certify that the above statements are ALL true. I also affirm that I must notify the school nurse if the student develops symptoms or if my answers to the screening questionnaire change.

Student Name(s)

Parent/Guardian Name

Parent/Guardian Signature

Date

Please provide us with your current contact phone number: _____

If you cannot certify these statements, you may not send your child to school in-person and you should contact a school nurse for further guidance at (716) 834-7200 Ext. 129 or infirmary@smsdk12.org.