

Wayland Public Schools COVID-19 **Student** Screening Form

If you answer yes to any of these questions, you should not enter the building.

Name: _____

Cell Phone: _____

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you currently or recently have had: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Temperature above 100.0°F | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Atypical shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Unusual fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Atypical cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Atypical runny nose/stuffy nose, not due to other causes (<i>in addition to another symptom on this list</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Atypical sore or irritated throat? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vomiting/diarrhea, nausea, abdominal pain? | | |
| h. Headache (<i>in addition to another symptom on this list</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Atypical body or muscle aches? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Loss of smell or taste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or anyone in your household had contact with a known or suspected case of COVID-19 or an Undiagnosed respiratory illness in the last 14 days? (Unless: For those families who are healthcare personnel/ First Responders, the child may attend school unless there is a workplace exposure.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please describe the situation: _____ | | |
| _____ | | |
| 3. Has the student traveled outside of Massachusetts in the last 14 days to a high-risk state or another country? See: Travel Guidelines for more information. (If yes, please stay home and follow up with school directly. You may return to school with a negative COVID-19 test.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has an individual in your household traveled to a high-risk state and upon return tested positive or is symptomatic? See: Travel Guidelines for more information. If yes, please stay home and follow up with school directly. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Initials

