

COVID-19 Student Health Screening Hillsdale Community Schools

Student name: _____ Date: _____

Grade: _____ Temp: _____ Time: _____

Staff/adults working in school with any of the following symptom (new/different/worse from baseline of any chronic illness) should be excluded from work and encouraged to follow up with their healthcare provider:

ONE of the following:

- Feverish
- Cough
- Shortness of breath

OR TWO of the following:

- Muscle aches without another explanation
- Chills
- Sore throat
- Headache
- Vomiting or Diarrhea
- Loss of taste or smell

Have you had exposure to Covid-19 in the last 10 days? Yes _____ No _____

Parent/Guardian: _____ Date _____

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