

**Parents/Guardians:** Please complete this short checklist in the morning before your child leaves for school. A signed and dated screening form must be sent to school with your child every day and provided prior to boarding a bus or entering school.

**Child's Name:** \_\_\_\_\_

**SECTION 1: Symptoms in the Past 14 days (Check If Any Apply)**

	Temperature of 100.0 degrees Fahrenheit or higher (fever or chills)
	Sore throat, new uncontrolled cough, shortness of breath, rapid or difficulty breathing, congestion or runny nose, fatigue, muscle or body aches, nausea, vomiting, diarrhea or abdominal pain, headache, new loss of taste or smell

**SECTION 2: Close Contact / Potential Exposure (Check Any That Apply)**

	Had close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19
	Tested positive for COVID-19 in the past 14 days
	Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days

If **any** of the boxes are checked, **your child must stay home from school.** Please call the school at 315-434-3000 to report your child's status, and contact your child's healthcare provider for further assessment and testing. If **none** of the boxes are checked, verify by signing and dating this form.

**I have taken my child's temperature today and it is below 100° degrees Fahrenheit.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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