

Family Name: _____

Child(ren) Name(s): _____

School: Holy Family Academy

Diocese of Scranton School Symptom Screening Tool

Part I: If you answer "yes" to questions 1, 2, 3, or 4 please contact your school prior to sending your child(ren) to school.

1. Is/are the child(ren) taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
2. Are you aware or have you been made of any potential exposure to a positive case while traveling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your child been in close contact with someone diagnosed with COVID-19 in the last 10 days or been told by the Department of Health that your child should quarantine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is anyone in your household being tested or currently awaiting results of a COVID-19 test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II: Is/are the child(ren) experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.4 or higher) Cough (New and persistent) Shortness of breath Difficulty breathing	Sore throat Runny nose/congestion Chills New lack of smell or taste Muscle pain Nausea or Vomiting Headache Diarrhea
Have one or more symptoms in Group A Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____	
Have two or more symptoms in Group B Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____	

Parent/Guardian Name: _____

I acknowledge the information above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____