

STUDENTS - WAYLAND SCHOOLS COVID-19 Screening Form

(Effective May 4, 2020, revised July 29, 2020, September 3, 2020, September 9, 2020 until further notice)

**If Yes to any of the below, no entry is permitted and immediately notify: School Principal / Follow call-in-sick protocol
Failure to notify may result in disciplinary action**

Please note that students with symptoms "e" and "h" below are denied entry only if they also have another symptom on this list.

Student Name: _____

Date:

Yes

No

- 1.) Do you currently or recently have had:
 - a. Temperature above 100.0 F deg
Temperature Reading
 Reading #1 _____
 Retake (If needed) _____
 - b. Atypical shortness of breath?
 - c. Unusual fatigue?
 - d. Atypical cough?
 - e. Atypical runny/stuffy nose, not due to other causes?
(in addition to another symptom on this list)
 - f. Atypical sore or irritated throat?
 - g. Vomiting/diarrhea, nausea, abdominal pain?
 - h. Headache
(in addition to another symptom on this list)
 - i. Atypical body or muscle aches?
 - j. Loss of smell or taste?

- 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, child may attend school unless there is a workplace exposure.)
 If yes: please describe the situation: _____

- 3.) Has student traveled outside of Massachusetts in the last 14 days to a high-risk state?
 If yes, please stay home and follow up with school directly.
 You may return to school with a negative COVID-19 test.

- 4.) Has an individual in your household traveled to a high-risk state and upon return tested positive or is symptomatic?
 If yes, please stay home and follow up with school directly.

Student/Family completing the form:

Signature

Initials
