

**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  

<b>Temperature Reading</b>		
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

\_\_\_\_\_