

# Wayland Public Schools COVID-19 Student Screening Form

If you answer yes to any of these questions, the student should not enter the building and the family should contact the school.

Student Name: \_\_\_\_\_

	Yes	No
1. Do you currently or recently have had:		
a. Temperature above 100.0°F	<input type="checkbox"/>	<input type="checkbox"/>
b. Atypical shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
c. Unusual fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
d. Atypical cough?	<input type="checkbox"/>	<input type="checkbox"/>
e. Atypical runny nose/stuffy nose, not due to other causes <i>(in addition to another symptom on this list)</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Atypical sore or irritated throat?	<input type="checkbox"/>	<input type="checkbox"/>
g. Vomiting/diarrhea, nausea, abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>
h. Headache <i>(in addition to another symptom on this list)</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Atypical body or muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
j. Loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>
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 10 days? If yes, please contact the school nurse before returning to school. (Unless: For those families who are healthcare personnel/First Responders, the child may attend school unless there is a workplace exposure.) If yes, please describe the situation: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the student traveled outside of Massachusetts in the last 10 days to a high-risk state or another country? If yes, then please get a negative COVID test and submit that to your school nurse or quarantine for 10 days before returning to school. See: <a href="#">Travel Guidelines</a> for more information. (If yes, please stay home and follow up with school directly. You may return to school with a negative COVID-19 test.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Has an individual in your household traveled to a high-risk state and upon return tested positive or is symptomatic? See: <a href="#">Travel Guidelines</a> for more information. If yes, please stay home and follow up with school directly.	<input type="checkbox"/>	<input type="checkbox"/>
5. Over Winter Break, did you or individuals residing in your household participate in any social gatherings of more than 10 people indoors or more than 25 people outdoors? If yes, then please get a negative COVID test and submit that to your school nurse or quarantine for 10 days before returning to school.	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered yes to any of the above questions, please stay home and follow up with the school directly.**

Parent/Guardian completing the form

Signature \_\_\_\_\_

Initials

\_\_\_\_\_

