



Name _____ Start Date _____

Pre-School Return to School Holiday Health Screening Form
December 24th - January 2nd

Dear Staff,

In an effort to minimize illness at school, we ask that you complete a daily assessment beginning December 24th – January 2nd prior to the start of you returning to school. The best school session starts with healthy staff and this begins at home. Please bring this completed form to school on the first day when you return back after the Holiday Break.

Please indicate if (you) _____ have any of the following symptoms prior to school and record a temperature daily. If any temperature exceeds 100.0 degrees or symptoms are present, please be evaluated by a licensed Doctor and contact school for further guidance.

Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomitting
- Diarrhea

Please initial each line

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of school. Initial _____
2. No one in our household has been sick in the 14 days prior to school. Initial _____
3. I have not traveled by air or traveled out of state in the 14 days prior to school. Initial _____
4. I have adhered to our state’s guidelines regarding COVID-19. Initial _____

Start date of temperature/
symptom
screening:

Day	1	2	3	4	5	6	7
Temp/Symp							
Day	8	9	10				
Temp/Symp							

My signature indicates that I completed this health screening daily for 14 days prior to school and to the best of my ability. I understand that arriving at school healthy is vital to a healthy school.

Signature _____ Date _____

Name _____