



### COVID-19 Student Screening Ticket

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

*(1 Ticket per student. Please present this to the bus driver or door monitor. This ticket is required for entry)*

**Please read these 5 questions carefully and provide an answer below:**

1. Has your child knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or had symptoms of COVID-19?
2. Has your child had a positive diagnostic test for COVID-19 in the past 14 days?
3. Has your child experienced any symptoms of COVID-19, including dry cough, shortness of breath, loss of sense of smell or taste, nausea, vomiting, or diarrhea?
4. Has your child experienced a temperature of greater than 100.0°F in the past 14 days?
5. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

\_\_\_ **NO to ALL** of the questions above

\_\_\_ **YES to ANY** of the questions above

*By signing below, I swear that this information is true and that I understand falsifying information is a violation of the district's code of conduct. I also understand that if the answer is **YES to any** of the questions above, I am **REQUIRED** by state executive order to keep my child home from school and contact our health care provider immediately.*

Parent/Guardian's Name & Signature \_\_\_\_\_



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