

## BISHOP CISD STUDENT SCREENER FOR COVID-19

Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is lab-confirmed with COVID-19. The screening questions below will also be asked of parents who drop off or pick up their child from inside the school. If you are unable to check temperatures at home, please report to \_\_\_\_\_ when you arrive onsite.

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Date: \_\_\_\_\_

Yes	No	
		Are you (student) lab-confirmed with COVID-19?
		In the past 14 days, have you (student) had close contact with an individual who is lab-confirmed with COVID-19?
		Have you (student) recently begun experiencing <b>any</b> of the following in a way that is not normal for you?
<ul style="list-style-type: none"> <li>• Fever (<math>\geq 100.0^*</math>) or chills</li> <li>• Loss of taste or smell</li> <li>• Cough</li> <li>• Difficulty breathing</li> <li>• Shortness of breath</li> <li>• Headache</li> <li>• Fatigue</li> <li>• Significant muscle or body aches</li> <li>• Sore throat</li> <li>• Congestion or runny nose</li> <li>• Nausea, vomiting, diarrhea</li> </ul> <p style="text-align: right; font-size: small;">*Included on Texas Education Agency list of symptoms</p>		

**If the student or parent answered yes to any of the above:**

- The student must remain off campus until cleared to return
- Isolate the student and notify a parent to pick up the student as soon as possible
- If lab-confirmed for COVID-19, the parent must follow up with \_\_\_\_\_ (district COVID-19 contact) before student can return to campus

*It is also recommended that you consult with your health care provider.*

**Reminders to follow if you are cleared to return:**

- Wear a mask or face covering if age 10 or over or in \_\_\_\_\_ grade or above
- Wash your hands or use hand sanitizer regularly
- Practice social distancing of at least 6 feet

*This form must remain confidential. Any form with a yes response will be destroyed once response is addressed.*