



Bais Yaakov School for Girls

Parent/Guardian Certification: COVID Symptom Screening



Student Name: _____ Grade: _____ Date: _____

Please complete this form each morning before your child leaves for school. She will not be allowed into school without it.

	NO	YES			
1. Has this student been diagnosed with Covid-19 within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Student's current temperature</td> <td style="width: 45%;"></td> <td style="width: 20%;">Is it 100.4' or higher?</td> </tr> </table>	Student's current temperature		Is it 100.4' or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Student's current temperature		Is it 100.4' or higher?			
2. Does this student have symptoms of new onset of cough, shortness of breath, or loss of sense of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Does this student have at least two of the following: fever 100.4' or higher, feeling feverish or chilly, muscle aches, sore throat, headache, excessive tiredness, or gastrointestinal symptoms (nausea, vomiting or diarrhea), congestion or runny nose?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Has this student received any pain/fever reducing medications since they woke up this morning for symptoms related to COVID?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Is anyone in your home currently sick with symptoms listed in #2 or #3 above, OR has been confirmed COVID-19 positive within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Is the student, or anyone in your home awaiting/pending COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Has the student been exposed to anyone who is symptomatic or has been confirmed COVID-19 positive within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Has your daughter participated in an indoor or outdoor simcha without being both masked and social-distanced in the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered "YES" to any of these questions, do not send your child to school. Please contact the Nurse by email BYCOVIDinfo@BaisYaakov.net and they will be in touch with you. Please do not write anything else on this form.

Parent/Guardian: I, parent/guardian listed below, certify the following information is true to the best of my knowledge as of:

Date: _____ Time: _____ Signature: _____ PRINT: First Name: _____ Last Name: _____

Call 410-864-8176 for health questions: school days, 7:00 AM - 8:30 AM



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