

### BTMES COVID-19 Health Screening- Complete & give to school staff daily

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

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

Symptoms of COVID-19 include: ***Fever or chills, Cough, Fatigue, Sore Throat, Muscle/Body aches, Shortness of breath or difficulty breathing, Headache-if other symptoms present, New loss of taste or smell, Congestion/Runny nose, Nausea/Vomiting, Diarrhea***

1. Does the student have any of the potential symptoms of COVID-19? Yes or No

2. Is anyone in your household COVID-19 positive? Yes or No

**\*\*If you answered "YES" to any question above, please keep student home and contact the school nurse for further guidance (802)477-5008\*\***

Parent/Guardian Signature: \_\_\_\_\_

*Last updated Friday, April 9, 2021*

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