	Date:
Symptoms of COVID-19 include: Fever or chills, Cough, Fatigue, Sore Ti	hroat, Muscle/Body aches,
Shortness of breath or difficulty breathing, Headache-if other sympto	ms present, New loss of
aste 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 scho
nurse for further guidance (802)477-5008**	
Parent/Guardian Signature:	
	Last updated Friday, April 9, 20
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 To	broat Musclo/Rody achos
Shortness of breath or difficulty breathing, Headache-if other sympto	
aste or smell, Congestion/Runny nose, Nausea/Vomiting, Diarrhea	ins present, New 1055 of
aste of sinell, congestion/Kunny nose, Nausea/vonnung, Diarriea	
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nurse for further guidance (802)477-5008** Parent/Guardian Signature:	Last updated Friday, April 9, 20 to school staff daily Date: hroat, Muscle/Body aches, ms present, New loss of Yes or No Yes or No
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