

RED HOOK CENTRAL SCHOOL DISTRICT



School Messenger Daily Health Screening Form

Parents need to complete a form for EACH child prior to the morning deadline. Your responses will be reviewed by the nursing staff in your child's school prior to allowing access to the building.

Please see the questions below which need to be answered every time your child attends school.

PLEASE NOTE: If you answer "yes" to any of the questions below, please keep your child home from school.

- Does your student have shortness of breath or difficulty breathing? (If yes, please seek emergency medical attention.)
- Does your student have a fever (temperature of 100.0 degrees Fahrenheit or higher) without having taken any fever-reducing medications?
- Does your student have chills?
- Does your student have a cough?
- Does your student have a sore throat?
- Does your student have congestion or a runny nose?
- Does your student have a headache?
- Does your student have fatigue?
- Does your student have muscle aches or body aches?
- Does your student have a recent loss of taste or smell?
- Does your student have nausea or vomiting?
- Does your student have diarrhea?
- Have you, or anyone you have been in close contact with, been diagnosed with Covid-19 or placed in quarantine for possible exposure to Covid-19 within the last 14 days?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official in the last 14 days?
- Have you traveled internationally or traveled to/from a restricted state under the New York State Covid-19 Travel Advisory in the past 14 days? Please visit the NYS website - <https://www.governor.ny.gov/news/governor-cuomo-announces-individuals-traveling-new-york-additional-state-will-be-required> for a current list of states.