



Student Pre-screening Log

Name of student: _____ Grade: _____

Please initial below each of the following dates, if the following statements are true. If the statement is not true, please explain the circumstance in the line below, and contact the school to determine any further action that may be required. This form must be submitted via Transparent Classroom on Tuesday evening, August 25.

1. My child has not been around anyone who has a COVID-19 diagnosis.

8/18/20	8/19/20	8/20/20	8/21/20	8/22/20	8/23/20	8/24/20	8/25/20

*Explanation _____

2. My child has not displayed any of the following symptoms:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

8/18/20	8/19/20	8/20/20	8/21/20	8/22/20	8/23/20	8/24/20	8/25/20

*Explanation _____

3. No one in our household has been sick with the above-mentioned symptoms.

8/18/20	8/19/20	8/20/20	8/21/20	8/22/20	8/23/20	8/24/20	8/25/20

*Explanation _____

_____ I have attached any further documentation *requested by the school* in regard to this log.

My signature below indicates that I have answered the above truthfully.

Parent/Guardian Name: _____

Parent/Guardian Signature: X _____