

**DAILY SCREENING FORM**

Parents: Please complete this short check each morning and bring completed form to Hancock Central School.

***If you answer YES to any of the above, please keep your child home and call the school 738-5676***

Parents should be screening their children for the following symptoms prior to coming to school. If, however, students present to school with these symptoms, they should be isolated and must test negative or isolate for 14 days before returning to school:

**Section 1. Symptoms**

	YES	NO
Fever (100° Fahrenheit or higher), chills, or shaking chills		
Cough (not due to other known cause, such as chronic cough)		
Difficulty breathing or shortness of breath		
New loss of taste or smell		
Sore throat		
Headache, when in combination with other symptoms		
Muscle aches or body aches		
Nausea, vomiting, or diarrhea		
Fatigue, when in combination with other symptoms		
Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms		

per DESE guidelines 8/18/20

**Section 2. Close Contact/Potential Exposure**

Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19		
Traveled to or lived in an area where large numbers of COVID-19 cases are reported		
Live in areas of high community transmission while the school remains open		

***If you answer YES to any of the above, please keep your child home and call the school 738-5676***

Student name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_