

COVID-19 SCHOOL HEALTH SCREENING COMMITMENT



Instructions for Parents/Guardians

For the health and safety of our students, the local public health department recommends students be screened for symptoms of COVID-19 before entering the school. Because of the delay and disruption this would cause in a school environment, the health department and the CDC do not recommend these screenings be done by schools.

We ask that you complete the steps of the student screening below, prior to sending your child to school each day and before any school activities or sports. Please indicate your understanding and agreement to perform symptom screenings on your child. We appreciate your help as we work to keep all students and staff safe and healthy.

By signing this form, I am committing to screening my child to the best of my ability on a daily basis for the 2020-2021 school year, unless otherwise directed by public health authorities. I also understand that it is my responsibility to promptly notify school if my child is not going to school due any illness especially to potential COVID-19 symptoms or any high-risk exposures to COVID-19.

STUDENT SCREENING

Before leaving for school, please use the following screening for your child. If your child has any of the following symptoms, it indicates a possible illness that may decrease the student's ability to learn and may put others at risk.

SYMPTOMS - NEW OR NOT TYPICAL FOR THE CHILD

1. Any ONE of these:

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste or smell

OR

2. Any TWO of these:

- Fever of ≥ 100.4 or feeling feverish
- Chills
- Muscle aches
- Sore throat
- Diarrhea, vomiting, abdominal pain
- Congestion or runny nose
- Headache
- Fatigue

If the answer is YES to any of the symptom questions, notify the school and keep the student home from school. Self-isolate at home and contact your child's medical provider for direction and possible COVID-19 testing.

CLOSE CONTACT / POTENTIAL EXPOSURE

In the past 14 days has your child:

- Been in close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
- Had a public health or medical professional tell them to self-isolate or self-quarantine because of concerns about COVID-19 infection; OR
- Traveled on a cruise ship

If the answer is **YES** to any close contact/potential exposure questions, notify the school and please keep your child home. You should quarantine your child at home for 14 days and monitor for symptoms. Contact your medical provider's office for evaluation and possible testing if your child develops symptoms. You may also be contacted by the health department, so please respond to their call.

For information on local COVID-19 testing sites, call 2-1-1 or visit either www.michigan.gov/coronavirustest or [Ottawa County COVID-19 Testing Locations](#).

I commit to screening my child _____ for COVID-19 symptoms and exposure.

Building Attending: _____ Grade Level: _____ Date: _____

Parent(s)/ Guardian(s) Name: _____

Parent/Guardian Signature: _____