

PROFILE SCHOOL DISTRICT

SAU#35

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COVID-19 Screening Form-Student

To protect the users of our facilities we are asking all students, staff and visitors to complete the following questionnaire.

Question	Yes	No
1. Do you have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, chills, or sore throat?		
2. Has your child taken a fever-reducing medication (Ibuprofen, Tylenol, etc) in the last 8 hours?		
3. Have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19, or is ill with respiratory illness?		
4. In the last 14 days, did you travel internationally?		
5. In the last 14 days, did you travel to a U.S. community with community-based spread of COVID-19?		
6. In the last 14 days, did you travel on a public conveyance (e.g., bus, train, plane) to a U.S. community?		
7. Have you been asked to self-isolate or quarantine by your doctor or a local public health official?		
8. Do you practice "Social Distancing" including hand washing/sanitization, 6' separation, and cover coughs/sneezes?		

Parent Signature: _____ Date: _____

Student's Name (Please Print): _____

Reviewed and Approved for onsite access

Authorized Building Signer: _____ Date: _____