

AUHSD Standardized Testing: Student Instructions

Step 1 : Prior to campus arrival, complete the screening Tool for COVID-19 (next page) and bring it to your testing room. Please take temperature the day of your test and then complete the form below. You must bring this form as your “entrance ticket”. Please note that you may not take any fever reducing medications within 24 hours of your test.

Step 2: Arrive at school wearing a mask, go directly to your assigned room, sanitize hands and then check in. Parents may **not** accompany you on campus.

Step 3: Please follow all instructions upon check in.

Step 4: Wait outside for pick up or leave campus as soon as your test is completed.

AUHSD Student Screening Form

Please note that any current symptoms or recent exposure to large groups will prohibit you from participation.

Student Name: _____

Please check off any symptoms you are currently experiencing:

- | | |
|---|--|
| <input type="checkbox"/> Fever over 99.5 with forehead sensor (no fever reduction medication within 24 hours) | <input type="checkbox"/> Unexplained muscle pain |
| <input type="checkbox"/> Fever over 100.5 with oral thermometer (no fever reduction medication within 24 hours) | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Recent loss of smell or taste |
| <input type="checkbox"/> Nasal congestion/runny nose | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Dry cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Shortness of breath or trouble breathing | <input type="checkbox"/> Chills or repeated shaking with chills |
| | <input type="checkbox"/> Exposure to person infected with COVID-19 within past 2 weeks |
| | <input type="checkbox"/> Positive COVID test within past 2 weeks |

Have you had any of the above symptoms in the last 14 days? If so, which symptom(s) did you experience?

Please attest to the following by initialing (parents and students):

_____ I have not been exposed to large gatherings of people outside of my family in the last 14 days.

_____ I have not been exposed to people outside my household and social bubble for the past 14 days

_____ I am not currently experiencing any of the above symptoms

_____ I was temperature checked today at home today and I am not running a fever.

_____ I understand the school takes all measures to create the safest testing environment; however, it isn't always possible to entirely remove the risk of COVID exposure. By entering the testing room, I accept that risk.

_____ I agree to wear my mask, covering my mouth and nose, for the entire time I am on campus.

Student Signature

Date

Parent Signature

Date