

AUHSD Small Group Screening Form: Student Instructions

Step 1 : Prior to campus arrival, complete the screening Tool for COVID-19 (next page) and bring it to your classroom. 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 48 hours of your arrival to campus.

Step 2: Arrive at school wearing a mask (mask only, no neck gaiters or bandanas). Please go directly to your assigned class, 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 class is completed.

Name _____

AUHSD Student Screening Form

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

1. Has anyone in your household tested positive for COVID19 in the last 14 days? **Yes No**

2. Please check off any symptoms you are currently experiencing or have had in the last 14 days:
 - Fever over 99.5 with forehead sensor (no fever reduction medication within 24 hours)
 - Fever over 100.5 with oral thermometer(no fever reduction medication within 24 hours)
 - Sore throat
 - Nasal congestion/runny nose
 - Dry cough
 - Shortness of breath or trouble breathing
 - Unexplained muscle pain
 - Fatigue
 - Recent loss of smell or taste
 - Nausea or vomiting
 - Diarrhea
 - Chills or repeated shaking with chills
 - Exposure to person infected with COVID-19 within past 2 weeks
 - Positive COVID test within past 2 week

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 environment; however, it isn't always possible to entirely remove the risk of COVID exposure. 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