

COVID-19 School Health Screening Agreement

Instructions for Parents and/or Guardians

For the health and safety of our students, the local public health department requires students be screened for symptoms of COVID-19 before entering the school. Due to the time and interruption to education doing this on site prior to school entry this would cause, the health department and the CDC do not recommend these screenings be done by the schools.

We ask that you complete the steps of the student screening below, prior to sending you child to school or any school activities or sports. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call [THE SCHOOL] as soon as possible to let them know if my child is not going to school for potential COVID-19 symptoms.

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

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

Address: _____

Phone Number: _____

Parent or Guardian Signature: _____

Date: _____

Student Screening

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

Symptoms

- ☐ Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- ☐ Sore throat
- ☐ New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- ☐ Diarrhea, vomiting, or abdominal pain
- ☐ New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

In the past 14 days has your child:

- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR
- ☐ Had a travel history

If the answer is **YES** to any of the **symptom** questions, keep your child(ren) home from school.

If the answer is **YES** to any symptoms question and **YES** to any close contact/potential exposure question, call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is **YES** to any of the symptom questions, but **NO** to any close contact/potential exposure questions, your student may return based on the guidance for their symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

Source: Centers for Disease Control and Prevention; [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)