

BLACK MESA COMMUNITY SCHOOL
Health Screening for Students

The safety of our employees and students is our overriding priority. As the COVID-19 pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce and school, we are asking students to complete and submit this questionnaire prior to entering the school transportation. **You will not be allowed on the school vehicle, if you answer YES to any of the following questions.**

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| Name: |
| Thermometer Reading: |
| 1. Fever of 100.4° F/37.8° C or greater by Contactless Thermometer Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/> Cough Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell Yes <input type="checkbox"/> No <input type="checkbox"/> Chills Yes <input type="checkbox"/> No <input type="checkbox"/> Head or muscle aches Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting |
| 3. In the past 14 days, have you been close to anyone with COVID-19 Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you been tested for COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/> |