

Our Lady of Lake Huron
Required Daily Health Screening
(This will act as the student's daily entry ticket)

Safety of all our students and staff are our top priority. We will continue to monitor the Coronavirus/COVID-19 outbreak and need everyone's help in completing this form **daily for each your child(ren)**. If this form is not completed, then the student's temperature will be taken by school personal.

Student name (s): _____

Date: _____

Parent/Guardian Signature: _____

1. Has the student had and recent symptoms of undiagnosed fever, cough, shortness of breath, sore throat, or diarrhea? YES NO
2. Has the student been in close contact with an individual who has tested positive or is being treated for COVID-19? YES NO
3. Does the student have a temperature that is out of the normal range (96.6[®] to 99.7[®])? YES NO

Student's temperature _____

(Please record your child's temperature as of this morning. If your child's temperature is above 100.4[®] then child is to remain home).

If you answered yes to any of the questions, then your child should not report to school. Please contact the school to report the absence. Also, please contact your medical provider for assistance.

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