



WHERE *Brilliance* BEGINS

### Daily Health Screening Form

Please complete this form every school day for **each student** before attending class at ULS.  
Please complete and turn in to the appropriate division office.

Student name: \_\_\_\_\_ Student grade: \_\_\_\_\_

Date: \_\_\_\_\_ Student temperature today: \_\_\_\_\_

**Level 1:** If a student is experiencing any of the following symptoms, please keep them and any siblings home and consult with a physician.

- Fever more than 100.4°F
- Chills
- Cough
- Shortness of breath
- Muscle Aches
- Recent loss of taste or smell

**Level 2:** If experiencing two or more of the following symptoms, stay home and consult with a physician. Symptom-free siblings and family members do not need to stay home.

- Sore throat
- Diarrhea
- Headache
- Fatigue
- Nausea
- Vomiting
- Non-allergy congestion or runny nose

I have completed this form in full disclosure and truth as this student's parent or guardian. I attest that this student **has not**:

- experienced any of the symptoms above
- had a fever in the last three (3) days
- taken any fever reducing medication in the last 24 hours
- traveled to a hot spot (or a family member or household visitor from a hot spot)
- does not have a household member awaiting a COVID-19 test.

Parent/Guardian Signature: \_\_\_\_\_