

Oneida City School District

Student Daily Health Screener

Student Name _____ Date: _____

Please check YES or NO to the following questions:

This must be completed prior to coming to school daily. If you answer yes to any questions, you should not come to school and you must contact your principal.

YES	NO	Question
		The student has traveled out of state in the past 14 days to a location that meets the NYS hot spot criteria on or after June 25, 2020. https://coronavirus.health.ny.gov/covid-19-travel-advisory *
		The student has knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19.
		The student has tested positive for COVID-19 in the past 14 days.
		The student has experienced symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, fever or chills, muscle or body aches, vomiting or diarrhea, and loss of taste or smell) or a temperature of 100.0F or higher in the past 14 days.

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