

MACS - Student Illness and Risk Screener

This form must be completed and submitted daily before a student may enter the school building. **If you answer YES to any of these questions**, your child may not enter the building today and you must call the main office at 603-595-7877.

Student name: _____

Temperature this morning: _____

<p>Does this child have any symptoms of COVID-19 or fever of 100.4 degrees Fahrenheit or higher? (Symptoms of COVID-19 can include: Fever, or feeling feverish; Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath; General body symptoms such as muscle aches, chills, and severe fatigue; Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, and Changes in a person's sense of taste or smell.)</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Has this child had close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Has this child traveled in the prior 14 days <i>outside</i> of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Parent signature: _____ Date: _____

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