

MMS COVID-19 SCREENING FORM

This form is used to screen students before entering our campus. Temperature checks will not be performed at school. It is required that parents take their own children's temperature and complete this screening tool by 7:45 a.m. each day. The final decision to admit or deny will be at the discretion of our school administration.

SCREENING QUESTIONS

Parents, please be on alert for signs and symptoms of COVID-19 and keep children home who exhibit any of the following symptoms. This pre-screening questionnaire should be completed **daily** before you enter the MMS campus.

Please let us know if you have had any of the following symptoms. Check all boxes that apply.

Any fever of 100.4 degrees or more?

Any symptoms of a respiratory illness? (New cough, shortness of breath or difficulty breathing, runny nose, etc.)

Any fever, chills, shaking with chills, flu-like symptoms, sore throat, headache or muscle pain?

Any symptoms of a gastrointestinal illness? (Diarrhea, vomiting, etc.)

Any loss of smell or taste?

Any additional information?

CONTACT

Please provide your responses to the best of your ability.

Has your child come in contact with someone in the previous 14 days who tested positive for COVID-19?

Has anyone else in your household come in contact with someone in the previous 14 days who tested positive for COVID-19?

ADDITIONAL COMMENTS

Is there anything else we should know that would help us maintain our safety protocols and protect our students and staff on campus?

By signing below, you acknowledge that you read, understand and agree to abide by all of the terms and conditions set forth in this contract.

Signature of Parent/Guardian/Staff

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the terms and conditions set forth in my contract with the school.