



## THE EPIPHANY SCHOOL Daily Health Self Screening Agreement

All school employees, parents, children, and essential visitors are required to complete a daily health self-screening prior to leaving home and entering the school building. A parent or guardian is required to perform this daily screening on behalf of their child(ren). Those with chronic illness should consider only new symptoms and symptoms worse than the baseline for their documented chronic illness.

### Daily Health Self-Screening

*Before leaving home* ask yourself the following questions AND consider them on behalf of your child(ren):

1. 1) Do you or your child have any of the following symptoms of illness?
  - Fever (over 100°F), Chills, Rigors, or Shivers?
  - Recent loss of taste or smell?
  - Sore Throat, Congestion or Runny Nose?
  - Cough, Shortness of Breath, or Difficulty Breathing (that is new, worsening, or different from a baseline chronic condition, asthma, or allergy)?
  - Severe Headache?
  - Nausea, Vomiting, or Diarrhea? Fatigue or Muscle Aches?
2. Have you or your child recently tested positive through a diagnostic test for COVID-19?
3. Are you or your child currently waiting for the results of COVID-19 diagnostic testing administered due to suspected infection or close contact with a COVID-19 positive individual?
4. If not fully vaccinated, have you or your child been in close or proximate contact in the past 10 days with any individual who has tested positive through a diagnostic test for COVID-19 or had symptoms of COVID-19?

If the answer to ALL of the above questions is “No,” you may come to school and attend in-person.

If you answer “YES” to **ANY of the above, you / your child may not enter the school building** and will use a day of absence. Contact a medical professional for advice and notify Mrs. McHugh.

If you or your child travels out of NY State, please carefully adhere to the CDC guidelines for vaccinated and unvaccinated travelers to [International](#) and [Domestic](#) destinations. (Updated 9/1/2021)

You or your child may require medical clearance or a negative COVID-19 test before returning to work/school depending upon your responses to the daily health self-screening or recent travel. Consult with a medical professional and notify Mrs. McHugh. If you or your child is sick with a common cold or other ailment not related to COVID-19 and has received an approved alternative diagnosis from a medical professional, they should remain at home until symptoms subside and are fever free for 48 hours without the aid of a temperature reducing medication.

By signing below and submitting this form, you acknowledge that you have read the above and will comply with all requirements by completing the Daily Health Self-Screening on behalf of you and your child(ren) everyday of the 2021-2022 school year.

Student Names & Grades: \_\_\_\_\_

Parent/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hard copy and electronic versions are accepted and will be upheld equally.