**Nombre del Estudiante_____________________________ Fecha: ______________**

**Marque SI o NO a las siguientes preguntas:**

Este debe completarse antes de venir a la escuela todos los días. Si responde afirmativamente a cualquier pregunta, no debe venir a la escuela y debe comunicarse con su director.

<table>
<thead>
<tr>
<th>SI</th>
<th>NO</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>El estudiante ha viajado internacionalmente o a cualquier estado fuera de NY (que no sea CT, MA, NJ, PA o VT) en los últimos 10 días.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>El departamento de salud local ha designado al estudiante como un contacto de una persona que dio positivo por COVID-19. El estudiante ha sido puesto en cuarentena por el DOH.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>El estudiante ha dado positivo por COVID-19 en los últimos 10 días.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>El estudiante ha tenido síntomas de COVID-19 (tos, dificultad para respirar, fatiga, nariz que moquea, congestion, dolor de cabeza, dolor de garganta, fiebre o escalofríos, dolores musculares o corporales, vómitos o diarrea y pérdida del gusto u olfato) o una temperatura de 100.0 °F o más en el pasado 10 días.</td>
</tr>
</tbody>
</table>

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**Student Daily Health Screener**

**Oneida City School District**

**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.**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The student has traveled internationally or to any state outside of NY (other than CT, MA, NJ, PA or VT) in the past 10 days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The student has been designated a contact of a person who tested positive for COVID-19 by the local health department. The student has been quarantined by the DOH.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The student has tested positive for COVID-19 in the past 10 days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The student has experienced symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, fatigue, runny nose, congestion, headache, sore throat, fever or chills, muscle or body aches, nausea/vomiting or diarrhea, and loss of taste or smell) or a temperature of 100.0 °F or higher in the past 10 days.</td>
</tr>
</tbody>
</table>