

# Oneida City School District

## Student Daily Health Screener- updated October 8, 2020

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. <a href="https://coronavirus.health.ny.gov/covid-19-travel-advisory">https://coronavirus.health.ny.gov/covid-19-travel-advisory</a> *
		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, 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 100.0F or higher in the past 14 days.

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