



# Talmudical Academy

Parent/Guardian Certification: COVID Symptom Screening

## NEW SCREENING FORM UPDATED 10/14/20

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form each morning before your child leaves for school. He will not be allowed into school without it.*

		NO	YES
Has your child been diagnosed with Covid-19 within the past 10 days?			
Student's current temperature:	Did your child have a fever of 100.4 F within the last 24 hours or symptoms of new onset of cough, shortness of breath, difficulty breathing, or new loss of sense of taste or smell?		
Does your child have at least 2 of the following: chills, shivering, muscle pain, sore throat, headache, gastrointestinal symptoms (nausea, vomiting or diarrhea), fatigue, and congestion or runny nose?			
Has your child had close contact (within 6 feet for at least 15 minutes) to anyone with suspected or confirmed Covid-19 within the past 14 days?			
Is your child or anyone in your home under investigation for, symptomatic, or pending test results for COVID-19?			
Has your son participated in a large gathering* where: <ul style="list-style-type: none"> <li>• he was unmasked for any amount of time.</li> <li>• he engaged in any dancing that was not socially distant or had any other close physical contact with a non-family member, even while masked.</li> <li>• he attended a non-masked gathering, even while masked, for 15 minutes or more.</li> </ul>			
*A gathering under TA's policy is defined as the mixing of 20 or more people not from the same family, and not socially distanced, whether indoors or outdoors.			

**If you answer "Yes" to any of these questions, do not send your child to and call the school.**

*Please do not write anything else on this form.*

Parent/Guardian: I, parent/guardian listed below, certify the following information is true to the best of my knowledge as of:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: PRINT: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_