



Talmudical Academy

Staff: COVID Symptom Screening

NEW SCREENING FORM UPDATED 10/14/20

Name: _____ Grade: _____ Date: _____

Please complete this form each morning before you leave for school. You will not be allowed into school without it.

		NO	YES
Have you tested positive with Covid-19 within the past 10 days?			
Current temperature:	Have you had a fever of 100.4 F within the last 24 hours or symptoms of new onset of cough, shortness of breath, difficulty breathing or loss of sense of taste or smell?		
Do you 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?			
Have you had close contact (within 6 feet for at least 15 minutes) to anyone with suspected or confirmed Covid-19 within the past 14 days?			
Are you or anyone in your home under investigation for, symptomatic, been exposed to, or pending test results for COVID-19?			
Have you participated in a large gathering* where: <ul style="list-style-type: none"> • you were unmasked for any amount of time. • you engaged in any dancing that is not social distanced or had any other close physical contact with a non-family member, even while masked. • you attended a non-masked gathering even while masked, for 15 minutes or more. 			
*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 come to school and call the school for further directions.

Please do not write anything else on this form.

I, listed below, certify the following information is true to the best of my knowledge as of:

Date: _____ Time: _____ Signature: _____

