

LAMOILLE NORTH MODIFIED UNIFIED UNION SCHOOL DISTRICT/LAMOILLE NORTH SUPERVISORY UNION
STUDENT HEALTH SCREEN -AT HOME

Date: _____ School: _____

Student Name: _____ Grade: _____

All parents/guardians must complete this Health and Wellness Check for their child **before they enter** LNMUUSD, LNSD, or GMTCC buildings, or designated Drivers' Education Vehicles. It is recommended that parents/guardians maintain a contact log/or journal for their families.

1. My child **has not been** in close contact with a person with a confirmed diagnosis of COVID-19.

Yes ____

2. My child **has not been** in close contact with a person under quarantine for possible exposure to COVID-19

Yes ____

3. My family/child **has not traveled** to an area where the local or state health department is reporting large numbers of COVID-19 cases. See the Vermont Department of Health website:
<https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>

Yes ____

4. My child **does not have any symptoms** consistent with COVID-19 (see below).

Yes ____

Individuals with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus.

Symptoms may include: fever, cough, shortness of breath, difficulty breathing, chills, muscle aches or pains, headache, sore throat, new loss of taste or smell, have a significant rash, have large amounts of nasal discharge in the absence of an allergy diagnosis and gastrointestinal symptoms (nausea, vomiting, and diarrhea) This list does not include all possible symptoms.

Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

By submitting this form, you attest that all answers are true and accurate to the best of your ability.

If you are unable to answer "Yes" to the above questions, your child will be excluded from entering school buildings or driver's education vehicles per current CDC/Vermont Department of Health Guidelines.

Signed: _____ Dated: _____

Parent/Guardian

Thank you for your support making sure that Lamoille North Modified Unified Supervisory Union and Lamoille North Supervisory Union remain healthy!