



## Argyle CSD COVID-19 Student Health Screening Form

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IF YOU CANNOT ATTEST TO ALL STATEMENTS BELOW, PLEASE NOTIFY THE SCHOOL (518) 638-8243, BUT DO NOT SEND YOUR CHILD(REN) TO SCHOOL TODAY

1. I have checked my child's temperature and he/she does not have a fever (100.0F or higher).
2. My child does not have "new" or "unexpected" symptoms of a cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, fever, chills, sore throat, or a new loss of taste or smell. (For example, students who have symptoms due to a known condition such as chronic cough, would not be considered a "new" or "unexpected" symptom).
3. In the past 14 days, my child has not knowingly been in close contact with anyone who has tested positive through a diagnostic test for COVID-19.
4. No one in my household currently has been clinically diagnosed as having COVID-19 or is awaiting medically directed COVID-19 test results.
5. No one in my immediate household is currently self-isolating or quarantining as a result of a directive by a medical professional or local public health official.
6. No one in my immediate household has travelled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the past 14 days.

Child(ren) Names and Grades :

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_