

MACS - Student Illness and Risk Screener

This form must be completed and submitted daily before a student may enter the school building. **If you answer YES to any of these questions**, your child may not enter the building today and you must call the main office at 603-595-7877.

Student name: _____

Has this student had a fever (100.4 degrees Farenheit or above) in the past 24 hours? Has this student been a close household contact of a person known or suspected to be infected with COVID-19 in the past 10 days? Does this student have any of the following new or unexplained symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Has this student traveled internationally or by cruise ship in the last 10 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Parent signature: _____ Date: _____

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