



GLENDALE

LUTHERAN SCHOOL

2020-2021 GLS Student's Daily Health Screening Form

*One completed form per student is required for entry onto the GLS campus.

Date: _____

Student's Name: _____

(Please print: Last name, First name)

Please check if you have had any of the following:

Have you had a cough in the last 3 days? Shortness of breath or difficulty breathing? A fever? A sore throat? Chills? New Loss of taste or smell? Muscle or body aches? Nausea/vomiting/diarrhea? Congestion/running nose-not related to seasonal allergies? Unusual fatigue? Does anyone in your household have any of the above symptoms? Have you been in close contact with anyone with suspected or confirmed COVID -19? Have you had any medication to reduce a fever in the last 24 hours?

___ **YES**

If YES, then please specify; _____

___ **NO**

I agree that at any point during the day, any of the above listed symptoms appear, my child will be separated from the rest of the people and cared for by staff. I will be contacted, and my child MUST be picked up from GLS within 30 minutes of being notified.

Parent

Signature: _____

*All responses will be kept confidential