**ALBERT GALLATIN AREA SCHOOL DISTRICT**

2625 Morgantown Road

 Uniontown, PA 15401

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#  COVID-19 Health Room Screening

 **NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POTENTIAL EXPOSURE:**

Are you taking any medication to treat or reduce a fever such as Ibuprofen or Acetaminophen?

Are you experiencing any of the following?

 **Group A 1 or more Symptoms** **Group B** **2 or more symptoms**

|  |  |  |  |
| --- | --- | --- | --- |
| Worsening Cough  |   | Nausea or Vomiting  |   |
| Shortness of breath  |   | Diarrhea  |   |
| Difficulty breathing  |   | Chills  |   |
| New Taste Disorder  |   | Sore throat  |   |
| New Olfactory disorder  |   | Headache  |   |
|   |   | Congestion or runny nose  |   |
|   |   | Fever (measured or subjective)  |    |
|   |   | Rigors  |   |
|   |   | Fatigue  |   |
|   |   | Myalgia (body/muscle aches)  |   |

**Your child is exhibiting symptoms in one of the categories listed above, indicating a possible positive case for the COVID-19 virus. This may decrease the student’s ability to learn and also put them at risk for spreading illness to others. We suggest further evaluation by the student’s medical provider before returning to school.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Nurse Signature**

Please take this form to your physician and return this form to your school nurse following doctor visit.

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student is able to return to school on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<https://www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening>