

MCNS EMPLOYEE, PARENT, CHILD AND ESSENTIAL VISITORS

POST HOLIDAY BREAK HEALTH SCREENING ATTESTATION

After returning from the holiday break, all employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature to confirm a body temperature lower than 100.0 degrees Fahrenheit. **A parent or guardian is responsible for completing this screening on behalf of their child(ren). Please note that this is a onetime form that is required but we are asking you to screen yourself and/or your child daily before coming to school.**

Self-Screening: Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing *ANY* of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?
5. (a) Have you traveled over the holiday break? (b) If yes, have you followed the MCNS Travel Policy (please see other side)?

If you have answered “NO” to questions 1-5(a), you have passed and may enter the program.

If ANY of the answers to the questions 1-5(a) are “Yes” and 5(b) is “No” individuals cannot enter the program .

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not send my child to school if any of the above symptoms or conditions are present.

Signature _____

Date _____

Employee or Child(ren) Name(s) _____