Rochester City School District  
Manual Health Screening Assessment

All students must complete a Health Screening each week to continue to gain entry to a district building

By signing in you are affirming that you:

1) Have not experienced any symptoms of COVID-19 that you can't attribute to another condition in the past 14 days, including a temperature over 100.0F? **Temperatures must be taken in morning prior to coming to School.** Other symptoms include: fever or chills, new or unexplained cough, shortness of breath or difficulty breathing, unexplained fatigue, unexplained sore throat, or a new loss of taste or smell.

2) Have not tested positive for COVID-19 in the past 14 days

3) Have not knowingly been in close contact with a person who has a confirmed or suspected case of COVID-19 in the past 14 days. The Centers for Disease Control defines close contact as being within 6 feet for longer than 15 minutes.

4) Have not traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

If you cannot affirm the above you **may not enter the building** and you are advised to contact a health care professional. Please contact your Point Of Contact (POC) and inform them.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (First, Middle, &amp; Last)</th>
<th>DOB</th>
<th>CONTACT PHONE NUMBER</th>
<th>POC Name</th>
<th>Room#</th>
</tr>
</thead>
</table>

Sign:

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**PLEASE PRINT**

Fill in sign to affirm:

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