

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.

Example:

DATE	NAME (First, Middle, & Last)	DOB	CONTACT PHONE NUMBER	POC Name	Room#
Sign:					

PLEASE PRINT

Fill in sign to affirm:

DATE	NAME (First, Middle, & Last)	DOB	CONTACT PHONE NUMBER	POC Name	Room #

Sign:	
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