

Health Screening Card

Name _____ Class _____

TIS requires this Health Screening Card be accurately completed by a parent or guardian each school day. All personnel are required to present a completed card. It is your duty to the community to keep your child at home if they display **any of the symptoms below** or have **a fever over 37.5°C or 99.5°F**.

Week of _____	Mon.	Tue.	Wed.	Thu.	Fri.
Temperature (°C or °F)					
No unexplained headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No cough, shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No nasal congestion or rhinorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No diarrhea, nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one in my family has symptoms on this card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult's Signature					

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