



BACK-TO-SCHOOL Health Screening

This form must be completed prior to your arrival on campus. If you answer **YES** to any of the questions, you must contact bkoch@westviewschool.org before arriving on campus.

Thank you for your help in keeping our campus safe.

- ➡ Have you tested positive for COVID-19 in the last 14 days?
- ➡ Have you recently tested for Covid-19 and are awaiting results?
- ➡ Do you have a headache, fever, sore throat, shortness of breath, or an unusual cough?
- ➡ Have you recently experienced a loss of taste or smell?
- ➡ Do you have any of the following GI symptoms: diarrhea, nausea?
- ➡ Do you have a skin rash or bloodshot eyes?
- ➡ Have you experienced any of the above symptoms in the last 14 days?
- ➡ Have you had any contact with someone who tested positive for COVID-19 in the last 14 days?
- ➡ Have you traveled by air, bus, or cruise ship in the last 14 days?