THE PRAIRIE SCHOOL

DAILY STUDENT PRE-SCREENING HEALTH TICKET

Completed by a Parent/Guardian for every student, every day

Date:___/___/____ Name:_____Grade:_____

Temperature:_____ Time Temperature Taken:_____am/pm

Mark **YES** or **NO** to the child experiencing any of the following symptoms that are not explained by allergies or other pre-existing conditions:

YES	SYMPTOM	NO
	COUGH	
	FEVER/CHILLS	
	SHORTNESS OF BREATH	
	MUSCLE ACHES	
	SORE THROAT	
	NEW LOSS OF TASTE OR SMELL	
	DIARRHEA	
	HEADACHE	
	FATIGUE	
	NAUSEA OR VOMITING	
	CONGESTION OR RUNNY NOSE	

I have completed this form in full truth for this student and attest that they have not had any of the symptoms above that are not explained by allergies or other pre-existing conditions. They have not had a fever in the last 72 hours and have not been given medication in response to a fever. If they had unexplained symptoms and/or a fever, they would not be at school.

Signature of parent/guardian: _____

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