

# NORTHLAND PREPARATORY ACADEMY SCREENING CHECKLIST

All students and visitors entering the building should be asked the following questions. Screening should be done at the beginning and at the end of the school day.

1. Do you have any of the following respiratory symptoms?
  - Fever
  - Persistent cough (wet or dry)
  - Sore throat
  - Runny nose
  
2. Have you or someone in your household, had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough)?
  - Yes **Go home immediately and self-isolate for 14 days if asymptomatic**
  - No Continue to next question
  
3. If they have subjective or documented fever **OR** any of the respiratory symptoms **OR** close contact with COVID-19 patient noted above:
  - They should be asked to go home immediately and self-isolate until they are asymptomatic for 3 days without the use of any medications, and it has been 7 days since the first day of their symptoms (whoever duration is longer).
  
4. If they so no to #1, #2, and #3, they can attend school but remind them of the following:
  - Wash hands with soap and water or alcohol-based sanitizer before they start work and frequently throughout the day
  - Practice social distancing, sit and/or stand at least 6 ft away from other people, do not shake hands or hug people, and do not share food or drinks
  - Sanitize their desk before they leave the room
  - Inform a teacher or staff member immediately if they start to feel feverish or have respiratory symptoms
  
5. Temperature screenings:
  - Screening # 1                      Time:                      Temperature: \_\_\_\_\_

I attest that the foregoing information is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_