



Mission Statement: Rooted in our Catholic Faith and enriched by our diverse community, Trinity Catholic School fosters spiritual development, academic excellence, responsibility to self, and service to others.

Following the guidance of the Department of Health, Trinity Catholic School requires this health screening to be completed each day prior to arrival at school. This signed form must be presented to staff members daily to enter the school building. Staff and students with any illness must stay home.

Department of Health COVID-19 Screening

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater?

2. Do you have any of the following symptoms?

- Cough
- Shortness of Breath or Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose
- Unusual Fatigue
- Headache
- Myalgia (Body Aches)
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Fever/Chills/Sweats

3. Does anyone in your household have any of the above symptoms?

4. Has your student been in close contact with anyone with suspected or confirmed COVID-19?

5. Has your student had a positive COVID-19 test for active virus in the past 10 days?

6. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

7. Has your student had any medication to reduce a fever before coming to school?

The student must be excluded from school if the answer to any of the above questions is "yes." This will be considered an excused absence.

Student name/ grade level (Printed)

Parent/Guardian Signature and date