



COVID-19 Health Screening Acknowledgement Form for Students

Screening, monitoring and testing are essential components of limiting the spread of COVID-19. To help safeguard students, employees and visitors in Henrico County Public Schools against the spread of the COVID-19 virus, HCPS has established a home-health screening practice for its students during the COVID-19 pandemic. Each student must have a screening of his or her health status performed at home, which consists of reviewing the Virginia Department of Health (VDH) Survey for Student Self-Administration, and having their temperature taken at home before reporting to any school or school-sponsored activity.

As a condition of participation all, the student and his or her guardian must agree to perform this screening (see page 2) each day they are on school property and not come to school or a school-sponsored activity if they are sick or answer yes to any of the questions. The parent or guardian should seek guidance from his or her child's health provider should they answer 'YES' to any of the questions below or have a fever of 100.4 degrees F or higher. Please notify the school or sponsor of the student's absence. By coming to school or participating in a school-related activity, the student and his or her guardian is attesting the answers to all of the screening questions were 'NO.'

Falsifying answers or failing to perform this health screening may result in a loss of privileges.

I acknowledge that I have reviewed and understand this document. I understand these protocols, and I know the screening questions may be updated as necessary to adhere to changing guidance from the VDH. I agree to fully comply with the COVID-19 Health Screening Protocol for Students and to follow the protocols outlined in this document.

Printed Name of Student

Printed Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian

School/Activity

Date



COVID-19 Health Screening for Students

VDH Survey for Students:

Answer 'YES' or 'NO' since your last day at school or school-sponsored activity, has your student had any of the following 10 symptoms or experienced either of the two situations listed below?	Yes	No
Chills, fever (100.4°F or higher) or a sense of having a fever		
A cough		
Shortness of breath or difficulty breathing that cannot be attributed to another health condition		
A runny nose, congestion and/or sore throat		
A headache		
Chest pain or pressure		
Muscle aches (myalgia)		
General malaise or fatigue (extreme tiredness)		
Loss of taste or smell		
Gastrointestinal symptoms to include nausea, vomiting and/or diarrhea		
Has your child had a positive test for the virus that caused COVID-19 disease within the past 10 days or is going to get tested for COVID-19?		
In the past 14 days, has your child had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?		

If the answer to all items was NO, your student can proceed to school/activity. Don't forget a face covering!

If the answer to any item was YES, do not report to school/activity and contact the school or sponsor of activity to notify them of the student's absence.