**Student/Family Health Assessment Checklist**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature:\_\_\_\_\_\_\_\_

Testing Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or anyone else in your household been out of the state/country in the last two weeks? YES NO
2. Have you or anyone else in your household been exposed to anyone who tested positive for Covid-19 within the last two weeks?

YES NO

1. Are you or anyone else in your household experiencing any symptoms of Covid-19? YES NO

**Parent/Guardian Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**