



## Manual Health Screening Form

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

Role:  Student  Staff/Faculty  Substitute  Visitor

1. **New Symptoms:** Please indicate any new symptoms that you are experiencing that are not associated with any underlying medical condition or medication use (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Shortness of Breath    | <input type="checkbox"/> More than 3 loose stools in 24 hours |
| <input type="checkbox"/> Loss of Smell or Taste | <input type="checkbox"/> Sore Throat                          |
| <input type="checkbox"/> Chills                 | <input type="checkbox"/> Cough                                |
| <input type="checkbox"/> Muscle Pain            | <input type="checkbox"/> Loss of Appetite                     |
| <input type="checkbox"/> Vomiting               | <input type="checkbox"/> None                                 |

2. **Temperature Report:** Please record your body temperature taken within the past hour, free of fever reducing medication (in degrees Fahrenheit).

TEMP: \_\_\_\_\_

How did you take your temperature?

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Oral              | <input type="checkbox"/> Under Arm |
| <input type="checkbox"/> Rectal            | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Temporal/Forehead |                                    |

3. **COVID Exposure:** Please enter the estimated date of any close contact that you have had to a confirmed case of COVID-19. Close contact is being defined as being within 6 feet (2 meters) of a confirmed COVID-19 case for at least 15 minutes. Please select "Not Applicable" if you have not been exposed to your knowledge.

N/A OR  Date: \_\_\_\_\_

4. **Recent COVID Test:** Enter the date of the most recent COVID-19 test. Select "Not Applicable" if you have not been tested.

N/A OR  Date: \_\_\_\_\_ and Result: \_\_\_\_\_

FOR HERBERT SCHOOL  
ONLY

Eligible to be on campus.

NOT ELIGIBLE to be on campus.

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