ST. ANN'S ACADEMY

Inspiring Achievement; Instilling Faith

An Independent Catholic School
41 Genesee Street - Hornell, New York - 607.281.1010

Daily Screening for Students

Date: __/__/

Student name: _____

Yes No	Have you experienced a fever of 100.4 degrees Fahrenheit or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?
Yes No	Have you been in contact with someone who has tested positive for COVID-19 in the past 14 days?
Yes No	Have you traveled internationally or returned from a state identified by New York State as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours?
Yes No	Have you had any of the symptoms of COVID-19, such as fever, running nose, cough, sore throat, diarrhea, or vomiting in the past 14 days?

Parent/ GuardianSignature_____

ব Temperature checked at the door.

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Weekly teacher Screening

Week of : __/__/_____ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Teacher Name:_____

Yes No	Have you experienced a fever of 100.4 degrees Fahrenheit or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?
Yes No	Have you been in contact with someone who has tested positive for COVID-19 in the past 14 days?
Yes No	Have you traveled internationally or returned from a state identified by New York State as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours?
Yes No	Have you had any of the symptoms of COVID-19, such as fever, running nose, cough, sore throat, diarrhea, or vomiting in the past 14 days?