

Preston County Schools Screening Checklist for Employees/Students

1) Has student/employee been experiencing any of the following *unrelated* to a chronic health problem?

Check all that apply.

- **Fever or Chills** _____
- **Cough** _____
- **Shortness of Breath** _____
- **Sore Throat** _____
- **Nausea, Vomiting, or Diarrhea** _____

2) Check temperature _____ Is temperature 100.4 (38 C) or higher?



If individual answers yes to either of these first two questions, he/she is not permitted in school. Refer to **FAIL PROCESS below.**

3) Has individual travelled internationally in the past 14 days? Yes _____ No _____

4) Has individual been exposed to anyone who has suspected/confirmed COVID-19 disease? Yes _____ No _____

5) Is individual or anyone in the household awaiting a result for COVID-19 testing because of symptoms (listed above) or as a known contact to a positive case? Yes _____ No _____



If the student/employee answers yes to any question 3-5 above, they should not be permitted in school and should follow quarantining procedures for the full 14 days, as required. Testing would be advised based on recommendation by the Preston County Health Department.

FAIL Process and what to do:

If student/employee answers yes to having symptoms, and/or has temperature greater than 100.4:

- Isolate student in designated quarantine area. Employee should be sent home.
- Call parent/guardian to pick up the student immediately.
- Instruct the parent/guardian or employee that their child/employee will need a COVID-19 test at Preston Memorial Hospital.
- Instruct the parent/guardian or employee that someone from Preston Memorial Hospital will be calling to schedule this test and that they do not need to call the hospital.
- Instruct the parent/guardian or employee that the student or employee may NOT return to school until a negative result is given and the individual is symptom-free for 24 hours.
- Fax this form to: (304) 329-7281, and a nurse will contact the parent/guardian or employee to schedule the Covid-19 test.

Student/Employee Name: _____

DOB: _____/_____/_____

Parent/guardian Name, if applicable: _____

Parent/guardian Telephone, if applicable: _____

Screeners Name: _____

Date/Time: _____

School: _____

School Telephone: _____

School Fax: _____