



Home Wellness Screening

This screening must be completed, signed, and submitted daily upon arrival to school or before boarding the bus. Students will not be admitted into the building or allowed on the bus without a complete wellness screening.

I/We are the parent(s)/guardian(s) of _____ (Student) who attends i3 Academy. I/We understand that it is the policy of the school that all parents/guardians respond daily to the below questions regarding their child prior to permitting parent(s)/guardian(s) to check-in their child to the school. I/we further understand and acknowledge that the daily questionnaire will be confidentially maintained except that information may be provided to appropriate officials/administrators of the school who have a need to know this information.

Date: _____

Temperature: _____ ° F

In the past 72 hours, has student experienced:

Fever (100 or above): Yes No

Cough: Yes No

Sore throat: Yes No

Diarrhea: Yes No

Headache: Yes No

Shortness of breath or difficulty breathing: Yes No

New loss of smell and/or taste: Yes No

Chills or shaking: Yes No

Has student recently been in contact with anyone who has tested positive for COVID-19 or someone who is awaiting results from COVID-19 testing? Yes No

Has student been tested for COVID-19 in the past 24 hours? Yes No

By signing below, I/we represent and warrant that all answers provided above are truthful. I/We understand that the school retains the right to exclude student from the school in its sole and reasonable discretion based on the information I/We have provided in this questionnaire. I/We further understand that should the student experience any of the above health symptoms while at school, the school will contact me/us (or a listed emergency contact if the school is unable to reach me/us) to pick-up student. If student is excluded from school or sent home, I/we understand that I/we should seek immediate medical attention for the student. Insofar as COVID-19 is concerned, unless the student tests negative for COVID-19, student will be required to stay at home and self-quarantine for the appropriate period required by public health officials.

By: _____ Parent/Guardian: Signature

By: _____ Parent/Guardian: Print Name