# The daily health screening form for students is now available online.

These slides show what you'll see when you access it at

https://lakeshorehealth.e2ccb.org/



#### Check In

ANTHONY J SCHMIDT ELEMENTARY SCHOOL

HIGHLAND ELEMENTARY SCHOOL

JOHN T WAUGH ELEMENTARY SCHOOL

WILLIAM T HOAG EDUCATIONAL CENTER

MIDDLE SCHOOL

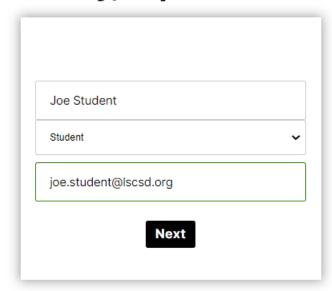
**HIGH SCHOOL** 



CHECK IN - MIDDLE SCHOOL

Start







1/5

In the past 14 days have you or a member of your household tested positive for, or had a confirmed case of COVID-19?

No

Yes



2/5

Are you experiencing any COVID-19 or flu-like symptoms such as: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting,

Diarrhea?

\*Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware (i.e., seasonal allergies, asthma, sinus headache).

No	Yes

Prev



Are you or any member of your household under active quarantine due to COVID-19 exposure?

No

Yes

Prev



	4 / 5
In the pa	ast 14 days, have you been in
physical	contact with anyone who has
a conf	irmed case of, or has been
ex	tposed to COVID-19?
No	Yes
	Prev



5/5

Within the past 14 days have you traveled outside the U.S. or to any state currently on the list of states under the mandatory 14-day quarantine?

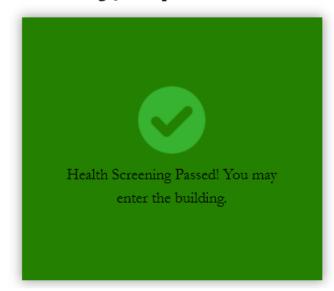
Alabama, Arkansas, California,
Florida, Georgia, Guam, Hawaii,
Iowa, Idaho, Illinois, Indiana, Kansas,
Kentucky, Louisiana, Minnesota,
Missouri, Mississippi, North Carolina,
North Dakota, Nebraska, Nevada,
Oklahoma, Puerto Rico, South
Carolina, South Dakota, Tennessee,
Texas, Utah, Virginia, Virgin Islands
and Wisconsin

Click for Current State List

No	Yes	
Prev		

# YES entry will look like this:





# If it's a NO entry, it will look like this:



