



Newman International Academy 2020-2021 COVID-19 Screening Form

This form is to be filled out by all individuals who answer “yes” to either question below. Anyone over 18 (students, faculty, staff, parents, visitors) can sign for themselves. Parents must complete this form for their children under 18.

This form should be sent to the appropriate principal/supervisor. It will only be retained until the criteria for return to campus are met.

Name: _____ Campus: _____

Email: _____ Phone number: _____

1. Have you experienced any of the following symptoms in a way that is not normal for you that may indicate a possible COVID-19 infection?

- Temperature of greater than 100 degrees Fahrenheit;
- Sore throat;
- New uncontrolled cough that causes difficulty breathing (or, for students with a chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting, or abdominal pain; or
- New onset of severe headache, especially with a fever.

Please answer YES or NO.

2. Have you had close contact with any individual who is lab-confirmed with COVID-19 in the last 14 days?

Close contact is defined as:

- Being directly exposed to infectious secretions (e.g., being coughed on); or
- Being within 6 feet for a cumulative duration of 15 minutes;

If either occurred at any time in the last 14 days at the same time the infected individual was infectious.

Please answer YES or NO.

Signature: _____ Date: _____