

Student Name: _____

School Name: _____

**Department of Defense Education Activity
Prescreening Protocol and Acknowledgment for Students**

The school and parent community must work together to prevent the introduction and spread of COVID-19 in the school environment while providing a quality education program. To aid in prevention, we ask that parents perform a short check each morning within two hours of arrival to school.

SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

- **Fever-Temperature 99.5 degrees Fahrenheit (37.5 Celsius) or higher** when taken by mouth;
- *New onset or worsening cough *Loss of taste or smell *Chills *Muscle ache *Headache**
- *Fatigue *Sore throat *Shortness of breath *Diarrhea *Congestion or runny nose**
- *Nausea *Vomiting**

SECTION 2: Close Contact/Potential Exposure

Please check if your child has:

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases.

If the answer to any of the questions in section 1 is "YES" but "NO" to any questions in section 2, the student is excused from school until symptom-free for 24 hours without fever reducing medications.

If the answer to any of the questions in section 1 is "YES" and "YES" to any questions in section 2, please seek an evaluation from your healthcare provider.

I _____ (parent/guardian name) have reviewed the DoDEA Prescreening Protocol. I agree to conduct the prescreening on my child before their arrival to school. I understand that I am not to send my child to school if he/she presents with symptoms of a possible illness that may decrease his/her ability to learn and put them at risk for spreading illness to others.

Parent/Guardian Signature: _____

Date: _____