

Student Pre-Screening Assessment

NAME OF STUDENT: _____ (Please Print)

DATE: _____ (Must be date student is scheduled to arrive at Katy ISD facility.)

Parents: Below is a guide for you to determine whether or not your child is able to access a Katy ISD facility. This form will be submitted to Katy ISD according to the program area requesting the form.

Has your child (or anyone in your home) had any close contact with a person who is lab confirmed to have COVID-19 in the last 14 days?

- Yes
- No

If you answered "yes" to the item above, do not bring student to any Katy ISD facility.

Has your child (or anyone in your home) developed any of the symptoms listed below in the last 14 days?

YES NO

- Fever or feeling feverish, fever measured temperature greater than or equal to 100.0 F degrees
- Chills, Sweating
- Shortness of breath or difficulty breathing
- Diarrhea
- Vomiting

If you answered yes to any 1 of the symptoms above, do not bring student to any Katy ISD facility. It is recommended that you contact your medical provider for guidance.

Has your child (or anyone in your home) developed any of the symptoms listed below in the last 14 days?

YES NO

- Persistent Cough
- Sore Throat
- Headache
- Muscle Pain
- New loss of taste or smell

If you answered yes to any 2 of the symptoms above, do not bring student to any Katy ISD facility. It is recommended that you contact your medical provider for guidance.

Student may return to a Katy ISD Facility:

- by providing medical documentation of an alternative diagnosis, OR
- by being symptom free according to Katy ISD guidelines

Questions/concerns contact _____