



LA CRESCENT-HOKAH

PUBLIC SCHOOLS

PARENT/STUDENT HEALTH SCREENING CHECKLIST

Parents: Please use this health screening checklist to verify that your child should be attending school each day. Please keep your child at home if you answer "yes" to any of the questions below or if your child's temperature is 100.4 degrees or higher.

We advise those who answer "yes" to any of the screening questions to go home, stay away from other people, and contact your health care provider for further instruction.

La Crescent-Hokah Public Schools appreciates your cooperation in keeping our students and staff safe and healthy.

Questionnaire provided by the Minnesota Department of Health.



Do you have any of the following symptoms that you cannot attribute to another health condition? District many require MD documentation of condition prior to admittance.

Please answer "Yes" or "No" to each question. Do you have:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A fever, temperature above 100.4?
<input type="checkbox"/>	<input type="checkbox"/>	Chills?
<input type="checkbox"/>	<input type="checkbox"/>	Nausea, vomiting, or diarrhea?
<input type="checkbox"/>	<input type="checkbox"/>	New cough?
<input type="checkbox"/>	<input type="checkbox"/>	New shortness of breath?
<input type="checkbox"/>	<input type="checkbox"/>	New sore throat?
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue or body aches?
<input type="checkbox"/>	<input type="checkbox"/>	New headache?
<input type="checkbox"/>	<input type="checkbox"/>	Congestion or runny nose?
<input type="checkbox"/>	<input type="checkbox"/>	New loss of smell or taste?