

Pittsford Schools

Athletic Screening

NAME: _____ DATE: _____

Pittsford Schools COVID-19 Screening Questions

The health and safety of our students and staff is our number one priority. Based upon CDC, NYS, and Monroe County Health Department guidance, all staff, students, and visitors must complete this health screening assessment each day prior to entering the building. **If you answer yes to any of the questions below, do not enter the building and immediately contact your coach.**

I consent

I am completing this form as a:

- Parent or guardian on behalf of a student
- Staff member
- Substitute employee
- Contractor or BOCES employee
- Visitor (Parent, Community Member, Vendor, etc.)

Request to access which one of the following locations:

- Barker Road Middle School
- Calkins Road Middle School
- Pittsford Sutherland High School
- Pittsford Mendon High School

Have you tested positive for COVID-19 in the past 14 days?

- Yes
- No

Have you knowingly been in close contact in the past 14 days with someone who has tested positive for COVID-19?

- Yes
- No

By checking the box below, I affirm that I have taken my temperature and it is under 100 degrees F.

I affirm

Have you experienced any of these symptoms in the past 24 hours that are new or not usual for you?

- | | |
|--|-------------------------------------|
| *Temperature of 100 degrees F (37.8 degrees C) or higher | *New cough |
| *Hard time breathing | *Sore throat (not due to allergies) |
| *Muscle or body aches | *Recent loss of taste or smell |
| *Congestion or runny nose | *Nausea or vomiting |
| *Diarrhea | *Fatigue |

- Yes
- No