

Gilford School District COVID-19 Student & Staff Screening Protocol

If a student or staff member has a temperature above 100.0 F or answers yes to any of these questions they must contact the school nurse and stay home. All employees and students will self-screen at home daily prior to being admitted to the buildings.

Name					
Date					
Temperature					
Do you have any new or unexplained symptoms of COVID-19 (including, temperature of 100 F or greater, chills, cough, shortness of breath, sore throat, nasal congestion, runny nose, fatigue, muscle or body aches, headache, new loss of taste or smell, nausea, vomiting or diarrhea)?					
Have you had close contact with someone who is suspected or confirmed to have COVID -19 in the prior 14 days?					
Have you traveled in the prior 14 days outside of New England (VT, ME, MA, CT, RI)?					

Signature:

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