

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Student Intake Screening Tool

Student Name: _____ Intake Date: _____

INTAKE SCREENING: Student should answer the following questions prior to intake:

	YES	NO
Was the student received with documentation from referring/sending agency stating s/he had no symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had a cough or shortness of breath within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had pneumonia or the flu within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had a fever greater than 100° F within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had contact with anyone who has lab-confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>

Which States has the student traveled to within the past 14 days? _____

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Temperature at intake: _____ 2nd Temperature within 24 hours of intake: _____

(Once student has two normal temperatures taken within the first 24 hours of intake, add student name to cottage daily temperature roster for daily temperature checks.)

Screening Staff Printed Name: _____ Screening Staff Signature: _____

Supervisor Printed Name: _____ Supervisor Signature: _____

Comments: _____

(Completed form to be filed in student medical file)