



James A. Dever	568-6120 main office	568-6123 nurse
Howell Road	568-6130 main office	568-6133 nurse
Wheeler Ave.	568-6140 main office	568-6143 nurse
Willow Road	568-6640 main office	568-6643 nurse

## Daily Student Screening Directions for Families

September 2020

**All families will be required to screen their child(ren) prior to coming to school each day. If you select YES to any one (or more) of the questions, please DO NOT send your child to school.**

Please complete this form for each child in your household according the following schedule:

Dever by 8:00 am (School start time is 8:25 am)

Howell by 8:25 am (School start time is 8:50 am)

Wheeler by 8:25 am (School start time is 8:50 am)

Willow by 7:35 am (School start time is 8:00 am)

1. Visit the following link: <https://entry.neric.org/vsthirteen>



2. Select a location – your child’s school. Use the drop-down menu.

Location

3. Select a sub-location – Grade and Teacher’s Name

Grade and Teacher's Name (scroll for K)

4. Select a role – Student

Role

5. Review the screening questions.

1. Since your last visit to the district or your child's last day of school, have you or your child had any of these symptoms?

- Fever (temperature of greater than 100.0° F in the last 14 days)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Gastrointestinal Tract Symptoms (primarily affecting children only)

*Note: Answer "yes" if the symptoms you have experienced in the last 14 days are of greater intensity or frequency than what you normally experience.*

2. Have you or your child had a positive COVID-19 test within the last 14 days?

3. Have you or your child had close contact with a confirmed or suspected case of COVID-19 case within 14 days?

4. Have you or your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

6. Choose the answer to the screening questions.

- NO to all questions
- YES to any one (or more) of the questions

7. Click the check box to acknowledge your answer.

I am doing my part to keep myself and others safe and am following the practices outlined in New York State's safety protocols. I certify that the answers provided here are true.

I acknowledge the statement above.

8. Fill in your child's first name, last name, and your email (or phone if no email).

First name

Last name

Email

Phone (Required if email not provided)

9. Hit the submit button.

Submit

**If you select YES to any one (or more) of the questions, please DO NOT send your child to school. Please call the nurse or main office to discuss your situation.**