

COVID-19 SCREENING FORM FOR STUDENTS

In an effort to reduce the risk of Covid-19 exposure, all parents/guardians must compete the following screening questions:

Date: _____

Student's Name: _____

Temperature: _____

SELF-DECLARATION	YES	NO
Has your student traveled outside the State of New Mexico in the last		
Has your student had close contact with or cared for someone		
Has your student experienced any cold or flu-like symptoms in the last 14 days, such as fever, cough, sore throat (unrelated to allergy season), new loss of taste/smell, shortness of breath or respiratory problem?		

*Students with "yes" to any of the above questions will not be permitted access to Mosquero Municipal Schools facility.

Any refusal to temperature check, answer questions, or wear a mask will require immediately leaving the campus.

Parent Comments: _____

Parent/Guardian Signature: _____