

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Student Intake Screening Tool

Student Name: _____ Intake Date: _____

INTAKE SCREENING

	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"/>
Student's Temperature at Intake: _____		
Which States has the student traveled to within the past 14 days? _____		

This document is to be completed upon admission. While the student remains on an Intake Unit or on an Intake status, he/she must have their temperature tested twice daily which should be documented separately from this form.

Screening Staff Printed Name: _____ Screening Staff Signature: _____

Comments: _____

(Completed form to be filed in student medical file)