

SAMPLE Tamalpais Union High School District Health Screening Form

* Required

Untitled Title

1. Student Last Name *

2. Student First Name *

3. Parent filling out the form *

4. Do you or your child have any of the following symptoms? Fever higher than 100, cough, sore throat, shortness of breath, new loss of sense of taste and/or smell? If you check "yes", you are not allowed on a Tamalpais Union High School District campus. *

Mark only one oval.

☐ Yes

☐ No

5. Have you or your child had close contact or cared for someone with COVID-19 in the last two weeks? If you check "yes", you are not allowed on a Tamalpais Union High School campus. *

Mark only one oval.

☐ Yes

☐ No

6. If you have symptoms that do not allow you to be on a Tamalpais Union High School campus, please note that you will be able to return after 3 days without fever and no medicine to reduce fever, and 10 days since symptoms first appeared. *

Check all that apply.

☐ I understand

This content is neither created nor endorsed by Google.

Google Forms