

# Apache Junction Unified School District

## STUDENT SELF-SCREENING FORM

Student Name:

Date:

Mobile Number:

Location in District:

Are you showing any signs of the following symptoms?

- Temperature 100 or higher
- Shortness of breath, difficulty breathing
- Cough
- Running nose
- Sneezing
- Muscle Pain
- Tiredness

Have you been exposed to someone with COVID-19 positive test results?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Is the information you provided on this form true and correct to the best of your knowledge?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**NOTES:** Visitation is forbidden if there has been any YES responses to the screening checklist. If “yes” is checked, visitors will be directed to leave the premises. Disinfecting the visited area will need to take place immediately.