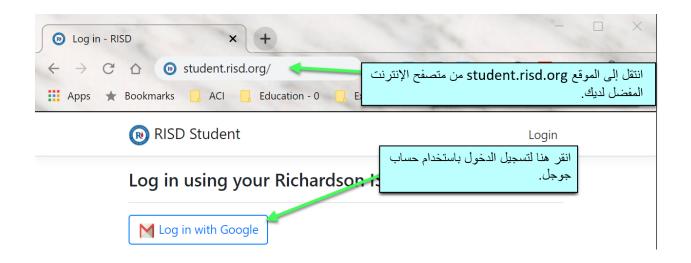
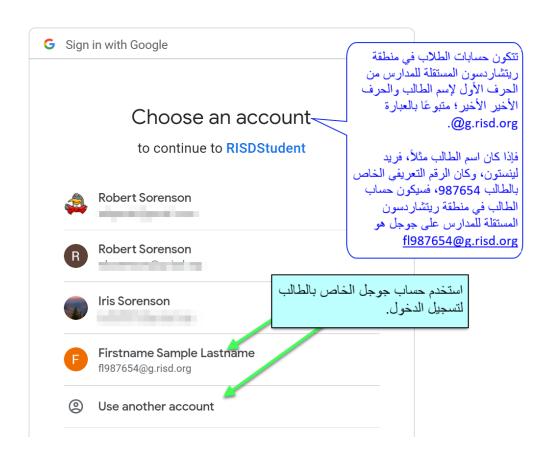


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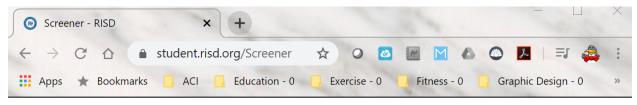
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انقر فوق الزر القائم على الفحص الصحي.

Logout

Health Screener



RISD Student

Hello fl987654@g.risd.org! Logout

In the past 14 days, have you had known, prolonged (greater than 15 minutes) close contact (within 6 feet) with a person who has tested positive for COVID-19 or is suspected of having COVID-19?



In the past 24 hours, have you had any o symptoms:

أجب عن أسئلة الفحص المتعلقة بالتواصل فيما يتعلق بفيروس كوفيد-19 وأعراض فيروس كوفيد-19.

- Cough
- Shortness of breath or difficulty breatning
- Chills/repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 F



I certify that the above information is true and correct for *Fred Linstone* on 8/28/2020.

I also agree to contact Richardson ISD **immediately** if Fred Linstone tests positive for COVID-19.

Signed by Fred Linstone (or legal guardian) on 8/28/2020

قم بالتوقيع رقميًا على الشاشة من خلال النقر على زر التوقيع.



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