



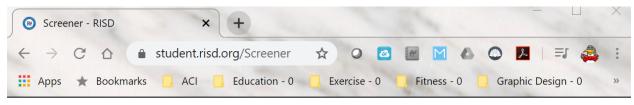
Richardson ISD Student Screener Instructions



Nhấp chuột vào nút Câu hỏi sàng lọc Y tế.

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:

Trả lời câu hỏi sàng lọc về tiếp xúc với COVID-19 và các triệu chứng của COVID-19.

- Cough
- Shortness of breath or difficulty breatning
- Chills/repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smæll
- 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 Linst<u>one tests positive</u> for COVID-19.

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

Ký tên điện tử vào câu hỏi sàng lọc bằng cách nhấp chuột vào nút ký tên.



Richardson ISD Student Screener Instructions



