



SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

P.O. Box 501063 Saipan, MP 96950

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www.saipansdaschool.org

Dear Parents,

Part of our COVID-19 procedures is to make sure you have completed the health screening questionnaire before you drop off your child to school every day. Your compliance to this procedure is vital in maintaining the safety of our students, teachers, and staff. We will not ask you to fill out the form and submit it to us each day, but as part of our temperature checking procedure, we will be asking you to verbally acknowledge that you have completed your child/ren's health screening procedure before school drop off.

Please acknowledge compliance by signing this form and returning it to the office when school re-opens on Monday, August 16, 2021. Thank you for your understanding and cooperation.

Sincerely,

Lylton M. Powell II
Principal / Head Teacher

_____ Yes, I will make sure I will complete my child/ren's health screening questionnaire before school drop off.

Parent Name: _____

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Live to Learn. Live to Love. Live to Give.

Saipan Seventh-day Adventist School Health Screening Questionnaire SY 2021-2022

Do you or your child or any member of your household have any of the following symptoms?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Fever (100.4°F or 38°C or higher)
<input type="checkbox"/>	<input type="checkbox"/>	New/Worsening Cough
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Swallowing
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Taste or Smell
<input type="checkbox"/>	<input type="checkbox"/>	Nausea/Vomiting, Diarrhea, Abdominal Pain
<input type="checkbox"/>	<input type="checkbox"/>	Runny Nose, or Nasal Congestion (In the absence of underlying reasons such as Seasonal Allergies, Nasal Drip, Etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained Fatigue/Malaise/Myalgia
<input type="checkbox"/>	<input type="checkbox"/>	Chills
<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Conjunctivitis (Pink Eye)
<input type="checkbox"/>	<input type="checkbox"/>	Have you had close contact with someone who has been diagnosed with COVID-19?

If you answered **YES** to any of these, please **DO NOT** bring your child to school. Your child cannot be permitted to enter to ensure the safety of everyone.

<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household recently travelled outside of Saipan in the last 14 days?
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If you answered **YES** to the above question, please provide us with a copy of your **NEGATIVE 5th day test result** before bringing your child to school.