



**Concord Road Elementary School – 914-231-0890**

**Ardsley Middle School – 914-295-5690**

**Ardsley High School – 914-295-5890**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Section 1. Completed by School Nurse**

Student presented to the health office with the following complaints: \_\_\_\_\_

\_\_\_\_\_

Additional comments or observations: \_\_\_\_\_

\_\_\_\_\_

#### **Does the student have any of the following symptoms:**

Fever (>100°F) or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Temperature: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Please have your child's health care provider fill out Section 2 of this form in order to return to school.**