

# OVCS COVID-19 Student Entry Ticket

One OVCS COVID-19 Student Entry Ticket must be completed every day for each school-aged child in your household. If you answer YES to any of the questions below, do NOT send your child to school. Please call the health office and contact your child’s primary health physician. In accordance with privacy laws and regulations (FERPA/HIPPA), tickets will not be kept on file once information has been reviewed and logged per state guidelines.

Date:	Student’s Name:	Elementary or MS/HS	Parent/Caretaker/Guardian Signature*:	<p><b>Common COVID-19 Symptoms may include:</b></p> <ul style="list-style-type: none"> <li>Fever or chills</li> <li>Cough</li> <li>Shortness of breath</li> <li>Fatigue</li> <li>Muscle or body aches</li> <li>Headache</li> <li>New loss of taste/smell</li> <li>Sore throat</li> <li>Congestion/runny nose</li> <li>Nausea or Vomiting</li> <li>Diarrhea</li> </ul> <p><b>Health Office:</b> 315-653-7218, ext. 4006</p>
<p>Has your child or any member of your household experienced any symptoms of COVID-19, including a temperature of greater than <b>100.0°F</b> in the past 14 days?</p>	<p>Has your child or any member of your household knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?</p>	<p>Has your child or any member of your household tested positive through a diagnostic test for COVID-19 in the past 14 days?</p>	<p>Has your child or any member of your household traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?</p>	
<p>YES__ NO__</p>	<p>YES__ NO__</p>	<p>YES__ NO__</p>	<p>YES__ NO__</p>	

\*Please sign to attest the above-mentioned information is true to the best of your knowledge.