

COVID-19

Los Angeles County Department of Public Health Entry Screening

FLINTRIDGE PREPARATORY SCHOOL

VISITOR NAME

DATE OF SCREENING

TIME OF SCREENING

I AM ASSOCIATED WITH THE FOLLOWING STUDENT (IF APPLICABLE)

EVENT NAME (IF APPLICABLE)

Symptom Screening

1. Has the person had any of the following symptoms **within the last 10 days**?

- | | | | | |
|---|--------------------------|----|--------------------------|-----|
| a. Fever (at or over 100.4°F or 38°C) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| b. Chills | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| c. Cough | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| d. Shortness of breath/difficulty breathing | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| e. New loss of taste or smell | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

2. Has the person had contact with a person known to be infected with or suspected to have Coronavirus Disease 2019 (COVID-19) **within the last 10 days**?

No Yes

3. Is the person subject to a quarantine or isolation order?

No Yes

4. Is the person fully vaccinated against COVID-19?

No Yes

Temperature Screening

1. Visitor Body Temperature:

2. Is temperature **above normal**, i.e., at or over 100.4°F or 38°C?

No Yes

