

CHAUTAUQUA LAKE CENTRAL SCHOOL COVID-19 Screening--STUDENTS

Student Name : _____ Date: _____

Does your child have a temperature of 100°F or higher or is your child experiencing any of the following symptoms? sudden onset of loss of taste or smell; sore throat/cough; congestion or runny nose; nausea/vomiting or diarrhea; shortness of breath or trouble breathing; severe headache; chills, muscle or body aches	<input type="checkbox"/> Yes
<i>*Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware that is not new, worsening, or different from its usual presentation. (i.e., seasonal allergies, asthma, migraine headaches, IBS, Crohn's Disease)</i>	<input type="checkbox"/> No
If you answer yes to either question below, you must contact the CLCS Health Office before your child may attend school. <ul style="list-style-type: none">Has your child knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19;Has your child tested positive through a diagnostic test for COVID-19 in the past 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: _____

*If you answer yes to any question above, do not allow your child to get on the bus or enter the school. Updated 1/7/2022

CHAUTAUQUA LAKE CENTRAL SCHOOL COVID-19 Screening--STUDENTS

Student Name : _____ Date: _____

Does your child have a temperature of 100°F or higher or is your child experiencing any of the following symptoms? sudden onset of loss of taste or smell; sore throat/cough; congestion or runny nose; nausea/vomiting or diarrhea; shortness of breath or trouble breathing; severe headache; chills, muscle or body aches	<input type="checkbox"/> Yes
<i>*Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware that is not new, worsening, or different from its usual presentation. (i.e., seasonal allergies, asthma, migraine headaches, IBS, Crohn's Disease)</i>	<input type="checkbox"/> No
If you answer yes to either question below, you must contact the CLCS Health Office before your child may attend school. <ul style="list-style-type: none">Has your child knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19;Has your child tested positive through a diagnostic test for COVID-19 in the past 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: _____

*If you answer yes to any question above, do not allow your child to get on the bus or enter the school. Updated 1/7/2022

CHAUTAUQUA LAKE CENTRAL SCHOOL COVID-19 Screening--STUDENTS

Student Name : _____ Date: _____

Does your child have a temperature of 100°F or higher or is your child experiencing any of the following symptoms? sudden onset of loss of taste or smell; sore throat/cough; congestion or runny nose; nausea/vomiting or diarrhea; shortness of breath or trouble breathing; severe headache; chills, muscle or body aches	<input type="checkbox"/> Yes
<i>*Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware that is not new, worsening, or different from its usual presentation. (i.e., seasonal allergies, asthma, migraine headaches, IBS, Crohn's Disease)</i>	<input type="checkbox"/> No
If you answer yes to either question below, you must contact the CLCS Health Office before your child may attend school. <ul style="list-style-type: none">Has your child knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19;Has your child tested positive through a diagnostic test for COVID-19 in the past 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: _____

*If you answer yes to any question above, do not allow your child to get on the bus or enter the school. Updated 1/7/2022



This screening tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the NYS Department of Health. If you've answered yes to any of the screening questions, please contact your health professional and do not let your child enter the school building or get on the bus. This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or call 911 for emergencies. If you have questions, contact our Chautauqua Lake CSD Health Office at (716) 753-5819.



This screening tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the NYS Department of Health. If you've answered yes to any of the screening questions, please contact your health professional and do not let your child enter the school building or get on the bus. This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or call 911 for emergencies. If you have questions, contact our Chautauqua Lake CSD Health Office at (716) 753-5819.



This screening tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the NYS Department of Health. If you've answered yes to any of the screening questions, please contact your health professional and do not let your child enter the school building or get on the bus. This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or call 911 for emergencies. If you have questions, contact our Chautauqua Lake CSD Health Office at (716) 753-5819.

August 20th, 2021

Dear Parents & Guardians,

We have updated our health screening form for students to reflect the most recent guidance regarding COVID 19. We will continue to collect this form every morning from students as they board the bus or enter the building at drop-off locations. We will also continue to double-check the temperature of students as they enter the building.

What determines a quarantine order because of exposure to a person testing positive for COVID-19?

Per the Department of Health any staff member or student who has been in close contact (less than 6 ft. for 10 minutes or more, regardless of mask use, or direct physical contact) with a COVID-19 positive individual will be placed in quarantine. The Department of Health will then interview all possible contacts to determine vaccination status and need to quarantine.

Staff and students may not return to school until the school has received written notification from the Department of Health, and in the case of symptoms, the child's physician.

What about travel plans?

Domestic travelers will no longer be required to quarantine after entering New York from another U.S. State or U.S. Territory starting April 1st. Therefore Chautauqua Lake will no longer require notification or paperwork regarding your domestic travel. While no longer required, the NYS Department of Health still recommends quarantine after domestic travel as an added precaution. Mandatory quarantine remains in effect for international travelers. Individuals should continue strict adherence to all safety guidelines to stop the spread - wearing masks, socially distancing and avoiding gatherings.

Thank you again for your flexibility and continued support to keep our students, staff and extended Chautauqua Lake family safe. If you have any questions regarding this document, please call our nurses at (716) 753-5819.

Dr. Joshua Liddell, District Superintendent
Rachel Curtin, Secondary Principal
Megan Lundgren, Elementary Principal
Michelle Holley & Terry Smith, School Nurses