

IBERIA PARISH SCHOOL BOARD COVID-19 PANDEMIC STUDENT DISCLOSURES FORM

This Student Disclosure Form seeks information from you, _____ parent or _____ student that has reached the age of majority, that we must consider before allowing regular school attendance in light of the COVID-19 Virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy and any prior or current disease or medical condition), can put your child(ren)/you at greater risk for contracting the COVID-19 Virus. Please disclose to us any condition that compromises your immune system.

It is also important that you disclose to this office any indication of having been exposed to the COVID-19 Virus, or whether you have experienced any signs or symptoms associated with the COVID-19 Virus.

| SYMPTOMS | YES | NO |
|---|--------------------------|--------------------------|
| Do you have a fever or above normal temperature? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you taken any fever reducing medication in the last 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you experienced shortness of breath or had trouble breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a dry cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a runny nose? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you recently lost or had a reduction in your sense of smell? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a sore throat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been in contact with someone who has tested positive for the COVID-19 Virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tested positive for the COVID-19 Virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been tested for the COVID-19 Virus and are awaiting results? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you traveled outside the United States by air or cruise ship in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you traveled within the United States by air, bus, or train within the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |

I fully understand and acknowledge the above information, risks, and cautions regarding a compromised immune system and have disclosed any conditions in my child(ren)'s/my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature

Date

Witness