



Millbury Public Schools

Central Office

12 Martin Street, Millbury, MA 01527

Phone: 508-865-9501

www.millburyschools.org

Millbury Jr./Sr. High School

12 Martin Street

Phone: 508-865-5841

R.E. Shaw Elementary School

58 Elmwood Street

Phone: 508-865-3541

Elmwood Street School

40 Elmwood Street

Phone: 508-865-5241

Millbury Public Schools Health Services Department Student COVID-19 Screening Tool

By physically sending your child(ren) to one of the Millbury Public School buildings, you are self-certifying that you have screened your child(ren) using the questionnaire below and that your child(ren) has/have no apparent signs of illness and has/have not been instructed to self-quarantine by any healthcare provider.

Please note that you or an emergency contact will be called and your child will be sent home if displaying any of the symptoms below without a documented alternative diagnosis for the symptoms.

Today or in the past 24 hours, has your child or any household member had any of the following symptoms?	
Had a fever (temperature of 100.0°F or above), felt feverish, or had chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue (must be in combination with other symptoms to be cause for exclusion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache (must be in combination with other symptoms to be cause for exclusion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose or congestion (must be in combination with other symptoms to be cause for exclusion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent loss of smell/taste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent muscle aches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other signs of illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 14 days, have you or your child had close contact with a person known to be infected with the novel coronavirus (COVID-19)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I attest that our family is currently in compliance with the Massachusetts state COVID-19 Travel Order.	Must be in Compliance to report to school



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- **If all NOs (and in compliance with travel order), send your child to school.**
- **If at least one YES (or not in compliance with travel order), keep your child home and call their school to report their absence.** Monitor your child at home and call their healthcare provider to schedule a COVID-19 test if they are symptomatic. **Keep your child home while awaiting results.** Call the School Nurse if your child's test comes back positive. All School Nurses contact information and a copy of this screening can be found at health.millburyschools.org.