

**ODEM-EDROY ISD
COVID-19 FORM**

**TEXAS EDUCATION AGENCY
VISITOR AND STUDENT MEDICAL QUESTIONNAIRE/AGREEMENT**

Student Name: _____

Due to the COVID-19 pandemic, and in an attempt to minimize the spread of the virus, Odem-Edroy ISD is required by the Texas Education Agency to screen all students, parents, and visitors entering and leaving a school facility. In order to be granted access to OEISD facilities, all visitors must truthfully complete and submit the following:

I, _____, hereby affirm that:

1. While on District property I will maintain a minimum of 6 feet of separation from any other individuals not within my household.
2. I have not in the past 7 days exhibited any of the known symptoms of COVID-19, including:
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Unexpected muscle pain
 - Headache
 - Sore throat
 - Loss of taste or smell
 - Diarrhea
 - Running a fever (or measuring a temperature of 100.0 degrees Fahrenheit or more)
3. In the past 14 days I have not been in contact with any person known to have contracted COVID-19.

If you are experiencing any of these symptoms, you are not allowed to enter District property and should seek medical attention. Although not required, I agree to wear a cloth face covering (over the nose and mouth), or non-medical grade face masks, if available.

I understand that the virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in the DSHS protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

I understand that Odem-Edroy ISD cannot guarantee that I will not contract the virus, even when implementing screening protocols. I acknowledge that I am assuming the risk that I may contract the virus by entering District facilities, even when screening protocols are implemented.

My signature confirms that the information above is true and correct. I further agree that I have read, understood and agree to abide by the guidelines and procedures. I understand that the Odem-Edroy Independent School District is voluntarily permitting me on campus and in activities on the basis that I have truthfully made the above statements and agree to the guidelines and procedures.

Signature

Date