

Parents/Families Student Health Check

Each day parents will be required to complete the health check for each of their students prior to attending school in person. If the health check is not completed, staff at the school will need to complete the health check for these students prior to them attending class.

Completing Student Health Check

- 1) Go to District Website, www.spokaneschools.org
 - a. Click Digital Tools
 - b. Click Student Health CheckOR
 - c. Go to www.spokaneschools.org/healthcheck
 - d. You might choose to bookmark or create a shortcut to this page for easier accessOR
 - e. Download the “Spokane PS” app from your devices App Store and once it is installed you will find an “Student Health Check” icon in the app

** The district reserves the right to manually screen any student or staff who a*

Health Check

SPS is required to screen staff and students each morning for symptoms related to start of the school day.

- A cough
- Shortness of breath or difficulty breathing
- A fever of 100.4° F or higher, or having a sense of having a fever
- A sore throat
- Chills
- New loss of taste or smell
- Muscle or body aches
- Nausea/vomiting/diarrhea
- Congestion/running nose that is not related to seasonal allergies
- Unusual fatigue

Student Submission

Student Number Entry

Ex: 123456,125348

- 2) Review the list of symptoms
- 3) Enter your Students ID Number(s) and click Add Student
 - a. If you do not know your students ID number please refer to their ID card or contact your students school

- 4) Answer the questions for each student
- 5) Enter the name of the parent/guardian submitting the Health Check
- 6) Select “Yes” to the optional question if you will be using this computer to submit future Health Checks for these students

- 7) Click Submit

642351 Bi*** Bi*** ✕

Attending School?	<input type="radio"/> Yes	<input type="radio"/> No
Symptoms Present?	<input type="radio"/> Yes	<input type="radio"/> No
Has your student been in close contact with anyone with suspected or confirmed COVID-19?	<input type="radio"/> Yes	<input type="radio"/> No
Has your student had any medication to reduce a fever before coming to school?	<input type="radio"/> Yes	<input type="radio"/> No

First & Last name of person submitting student health check

Optional - Remember this computer? (Above students will be auto-loaded)

Yes, I plan on using this computer in the future to submit the above student(s).