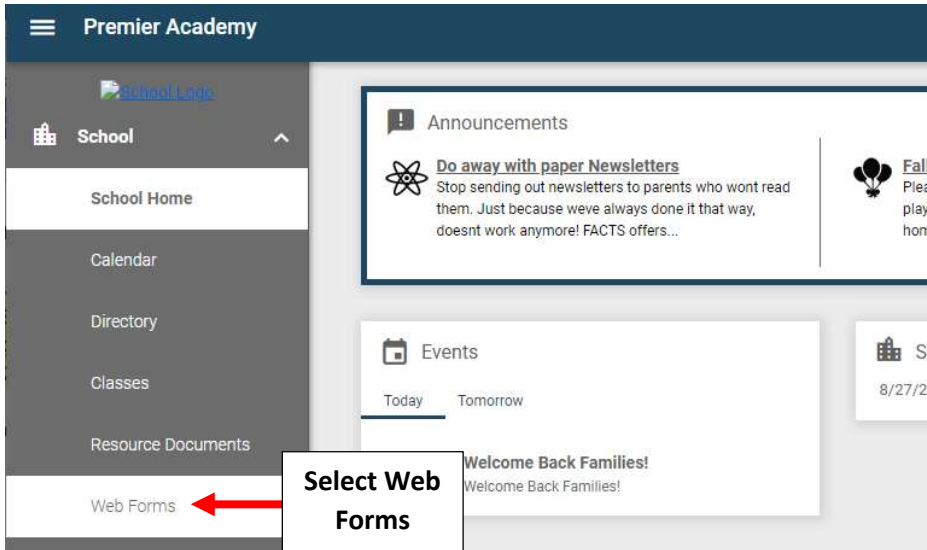


Completing Health Screening on the Family Portal

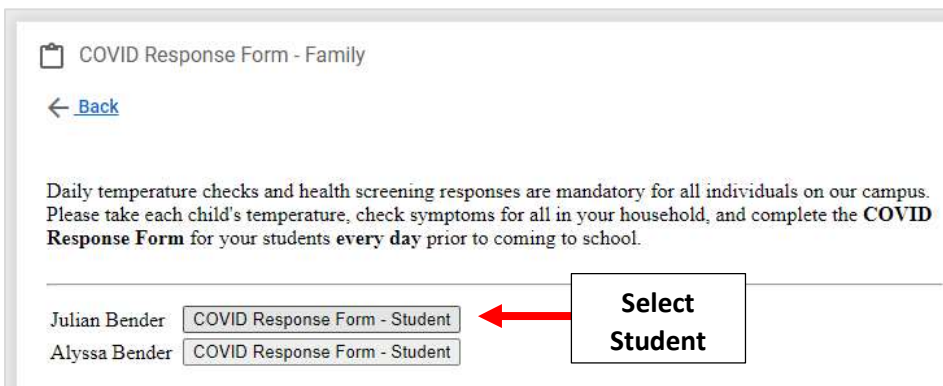
Once logged into the FACTS Family Portal please select **Web Forms** from the Left Side Menu



Select **COVID Response Form - Family**



Select Student ****Please Note: A form MUST be Completed for Each Student****



Enter Student's Temperature and select answer for each question. Select **Save** to **Save** your Changes.

COVID Response Form - Family

[← Back](#)

ALL FIELDS ARE REQUIRED

Submitted by: Julian Bender
Date: 08/19/2021
Student: Julian Bender
Student's Temperature:

Has your child had a fever above 100.3 in the last 24 hours? Yes No

Is your child exhibiting any of these symptoms?
Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell Yes No

Is anyone in your household experiencing any of these symptoms?
Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell Yes No

Has your child been in close contact in the last 14 days with someone diagnosed with COVID-19? Yes No

Select **Save** when complete

Enter Student's Temperature

Select Answer for Each Question

Select **Save** to **Save** your Changes