

SPOTSYLVANIA COUNTY SCHOOLS
Modification in Student Registration Process

Travel History Questionnaire

Effective October 2014

The attached travel questionnaire is to be completed by all registering students.

All students (newly arrived, transferring from out of county and re-enrolling) registering at schools and in special programs will be asked to complete the **Spotsylvania County Schools Travel History Questionnaire for Registering Students.**

PROCESS CHANGES FOR SCHOOL REGISTRATION:

- The parent/guardian will be asked to complete and sign the travel questionnaire.
- The registrar will review the document to determine if either or both of the questions are answered "YES."

If "YES" to either question, the registrar should:

- Alert the school principal
- The principal will contact the school nurse
- Request that the student and family wait in a room with a closed door
Further screening will be conducted by the school nurse.

If "NO" please proceed with completing the registration process.

- Upon completion, the questionnaire will be housed in the student's health record.

**PROCESS CHANGES FOR STUDENT REGISTRATION IN PROGRAMS
HEAD START/VPI, ECSE, HOME BOUND**

- For registration of all students, the completed registration packet will not be released to the parent until documentation of the physical and/or immunizations is received.
- The parent/guardian will be required to complete and sign the travel questionnaire.
- The document will be reviewed by the employee registering the student to determine if either or both of the questions are answered "YES."

If "YES" to either question, the employee registering the student should:

- Contact the Director of Health Services (540) 582-5125 ext 1840.

If "NO" please proceed with completing the registration process.

- Upon completion, the Spotsylvania County Schools Travel History Questionnaire will accompany the registration packet that is sent to the school and be maintained in the student's health folder.

SPOTSYLVANIA COUNTY SCHOOLS

TRAVEL HISTORY QUESTIONNAIRE FOR REGISTERING STUDENTS

Student Name: _____ DOB: _____

Parent Name: _____

Address: _____

Phone: (h) _____ (c) _____

School: _____ Grade/Program: _____

1. Did the student(s) travel to or from West Africa (Guinea, Sierra Leone, Liberia, Mali) in the past 21 days? Yes ____ No ____
2. Did any members of the household or family travel to or from West Africa (Guinea, Sierra Leone, Liberia, Mali) in the past 40 days? Yes ____ No ____

I authorize this information to be shared with the Spotsylvania County school nurse, Spotsylvania County Schools Director of Health Services and the Spotsylvania County Health Department if further screening is determined necessary.

Signature of Parent/Guardian

Date

Signature of Student (if over 18)

Date