KASD Guidance for Return to School After Travel

On March 1, 2021, the Governor of Pennsylvania and the Department of Health have terminated the travel restrictions put in place on November 9, 2020 and updated on December 9, 2021. Please complete this form for each student/staff member who is returning to KASD after traveling outside of Pennsylvania.

PART 1
While you were Traveling, during your trip, did you take steps to protect yourself and others from COVID-19:
- Did you wear a mask to keep your nose and mouth covered when in public settings?
- Did you avoid close contact by staying at least 6 feet (about 2 arms’ length) from anyone who is not from your household?
- Did you wash your hands often or use hand sanitizer (with at least 60% alcohol)?
- Did you avoid contact with anyone who is sick?
- Have you completed all requirements stated above regarding travel and testing requirements after travel outside of PA

Circle One: YES    NO  If NO, you should not report to school and quarantine for 10 days.

PART 2
In addition, please answer the following screening questions:

Please Circle One:

Yes  No  1. Do you presently have any signs or symptoms of COVID-19 (fever-100.4 or higher, cough, shortness of breath, chills, loss of taste or smell)?
Yes  No  2. Have you had any of the above signs or symptoms in the past two weeks?
Yes  No  3. Have you or someone you live with tested positive for COVID-19 within the past two weeks or are you waiting for test results for yourself or anyone who lives with you?
Yes  No  4. Are you presently caring for or living with someone who has experienced the signs or symptoms of COVID-19 within the past two weeks?
Yes  No  5. In the last two weeks, have you or someone you live with been under quarantine for COVID-19?
Yes  No  6. In the last 24 hours have you taken any fever-reducing medication?

If you answer “YES” to ANY of the Health Screening questions above, please DO NOT report to school.

__________________________________________   _______________________________________
Name of Student/Staff Member     KASD Building they attend or work in
____________________________________    __________________
Signature (parent or staff member)         Date:

https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx
You can read the full and updated Travel Recommendations here.