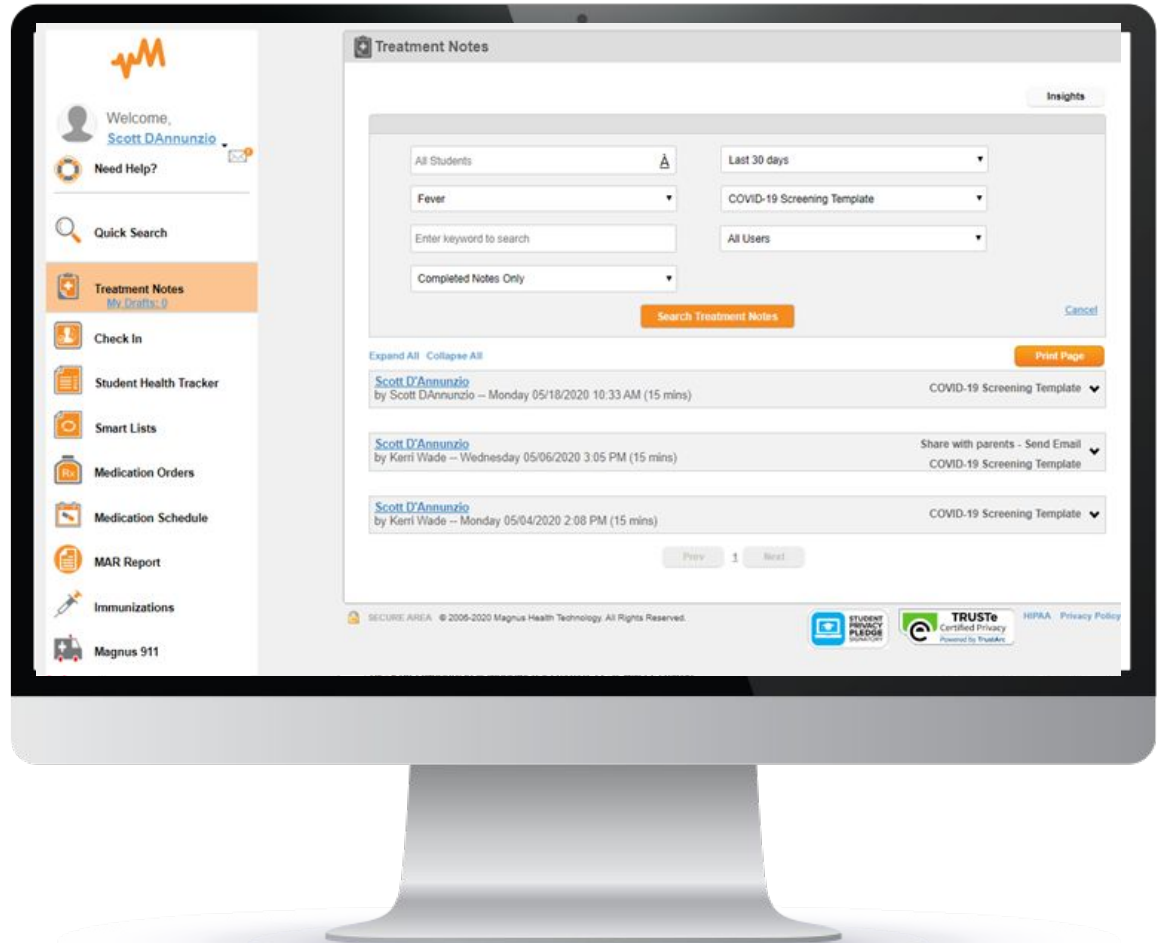

Magnus Health COVID-19 Resources

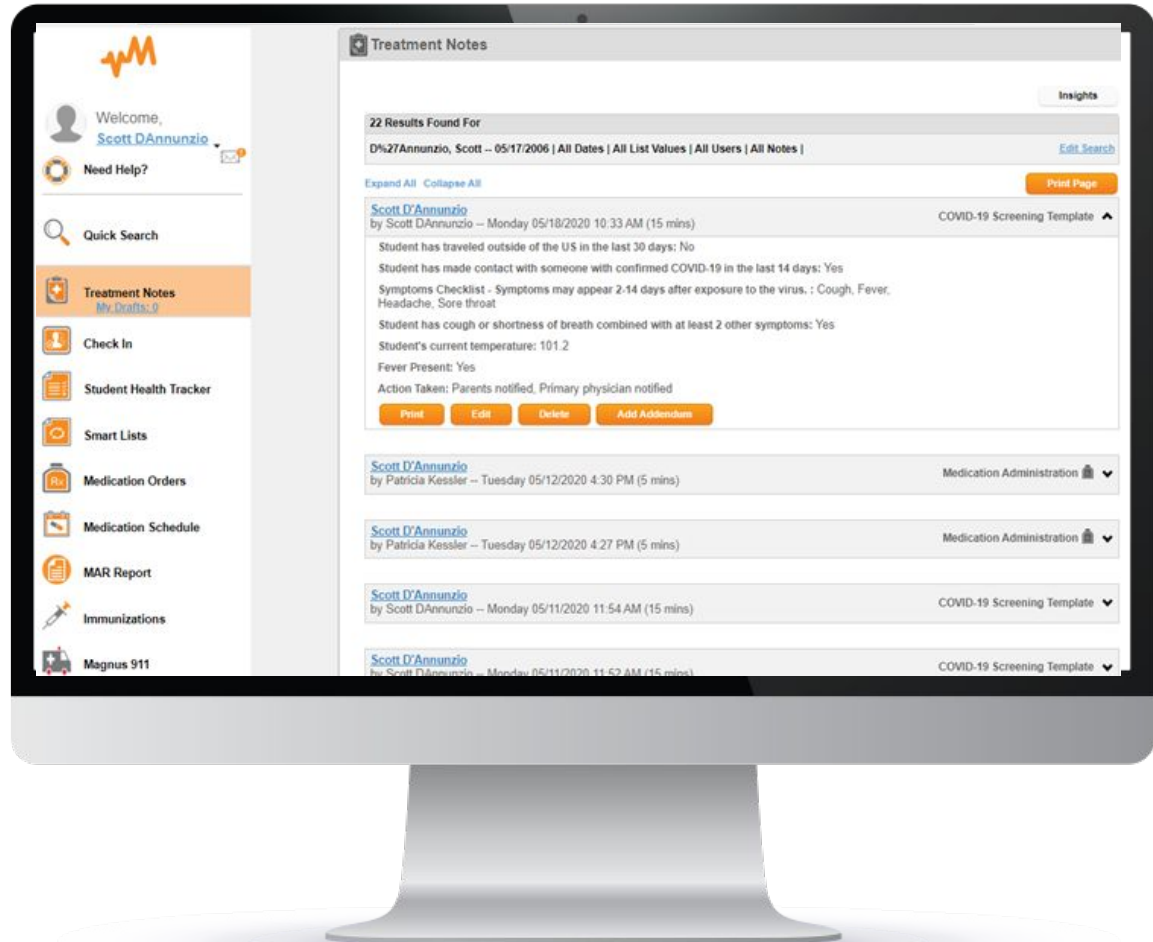
COVID-19 Screening

- ✓ Easily complete COVID-19 Screenings
- ✓ Track your student's symptoms
- ✓ Follow Up Reporting
- ✓ Make Informed Decisions



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User Details

Scott D'Annunzio
DOB: 05/17/2005
Height: N/A Weight: N/A

Class of 2021 (Junior)

Groups

Clinic Alerts
Scott has a history of heart complications.

OTC

Allergies

Medications

Medical History
Student has answered yes or unknown to the following questions
Do you cough, wheeze, or have difficulty breathing during or after exercise?
Yes: Scott has a history of asthma and chronic lung disease

Treatment Notes

Emergency Contacts

Treatment Note for Scott D'Annunzio

COVID-19 Screening Template

Student has traveled outside of the US in the last 30 days
No

Student has made contact with someone with confirmed COVID-19 in the last 14 days
Yes

Symptoms Checklist - Symptoms may appear 2-14 days after exposure to the virus.

Cough
Shortness of breath or difficulty breathing
Fever
Chills
Muscle Pain
Headache
Sore throat
New loss of taste or smell
Confusion (new or worsening)
Dizziness or lightheadedness
Vomiting or diarrhea
Other
None

Student has cough or shortness of breath combined with at least 2 other symptoms
Yes

Student's current temperature
101.2

Fever Present
Yes

Action Taken
Parents notified
Primary physician notified
Sent to hospital
State department of health notified
Returned to class

COVID-19 ESD Template



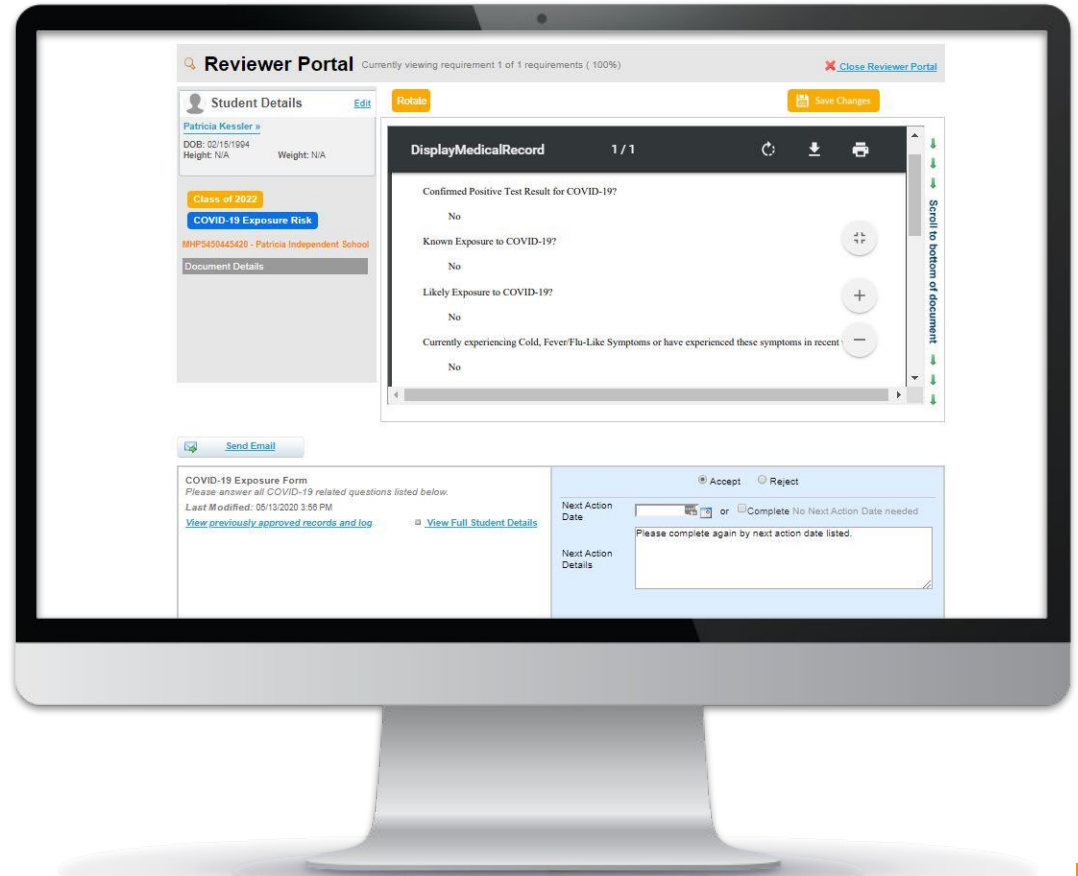
See how the pandemic has impacted both your students and staff



Parents or guardians complete on behalf of their student

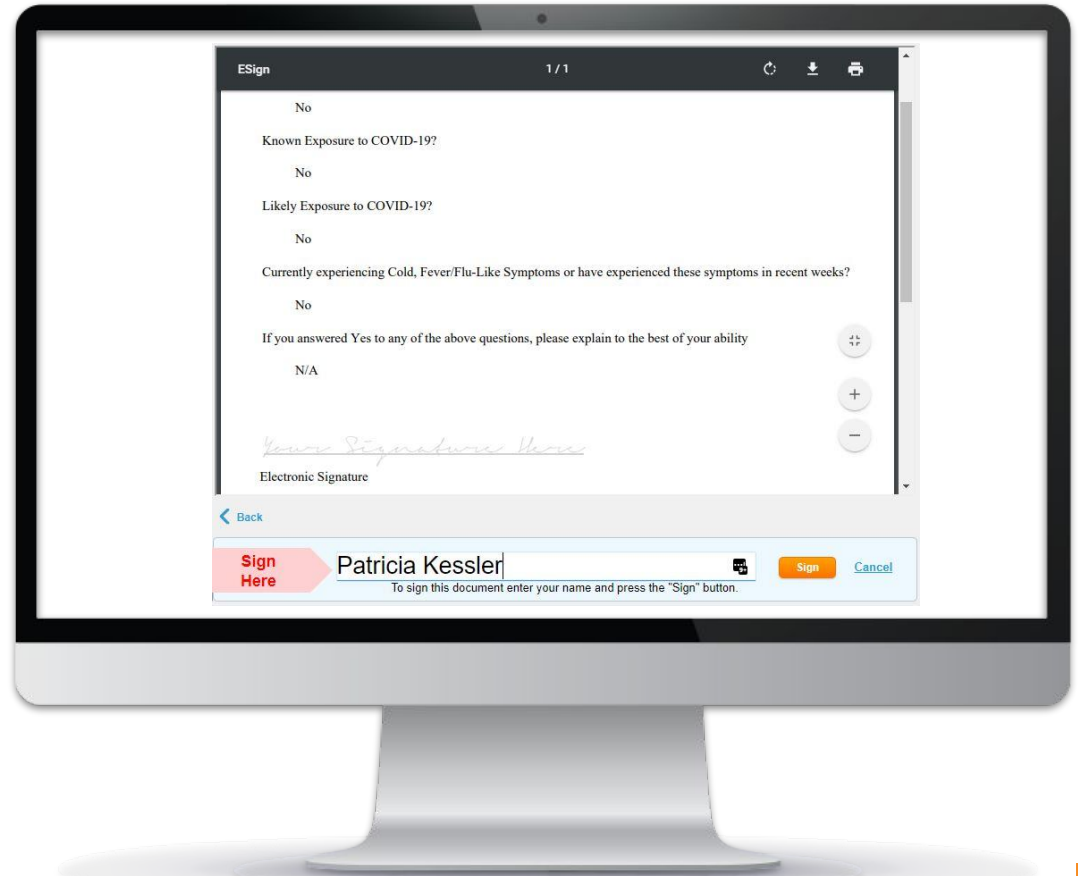


Accept or reject completed requirement in review portal. Set Next Action Date to follow up with families



COVID-19 ESD Template

- ✔ See how the pandemic has impacted both your students and staff
- ✔ Parents or guardians complete on behalf of their student
- ✔ Accept or reject completed requirement in review portal. Set Next Action Date to follow up with families



COVID-19 ESD Template

- ✔ See how the pandemic has impacted both your students and staff
- ✔ Parents or guardians complete on behalf of their student
- ✔ Accept or reject completed requirement in review portal. Set Next Action Date to follow up with families

Patricia Kessler
Student ID: [REDACTED]

Our Date: June 1 at 19 days | Tracker Summary: Patricia is 0% complete

Must be completed to receive all requirements.

Has your student had any known or likely exposure to COVID-19? Yes No

COVID-19 Exposure Form

- Confirmed Positive Test Result for COVID-19?
 Yes No
- Known Exposure to COVID-19?
 Yes No
- Likely Exposure to COVID-19?
 Yes No
- Currently experiencing Cold, Flu-Like Symptoms or have experienced these symptoms in recent weeks?
 Yes No
- If you answered Yes to any of the above questions, please explain to the best of your ability.
NA

Next Cancel

Magnus COVID-19 Resources

Let's take a look at some Magnus resources to help support your school and ensure compliance during the Coronavirus Pandemic

[Magnus Health COVID-19 Resource Page](#)

[Magnus Health Blog](#)

[Magnus Suggested COVID-19 Survey for Parents](#)

[COVID-19 Screening Template](#)

[Email Reminder Sensitivity for COVID-19](#)

[PHR Mobile App Information](#)

[PHR Mobile App Instructional Video](#)

[Supporting Our Schools Through the Coronavirus Pandemic Webinar](#)

[Setting Up Parent COVID-19 Questionnaire](#)

[Screening Template Setup & Reporting Functionality Tutorial](#)

Thank you for your time!



Magnus Health Support
clientserviceteam@magnushealthportal.com
