



Student Registration: County-wide Changes in Registration Process
Effective October 10, 2014

For all registering students, both centrally and school based, the attached travel questionnaire will be implemented **immediately**.

All students (newly arrived, transferring from out of county and re-enrolling) registering at Student Registration sites, schools, centers and adult high schools will be asked to respond to the **FCPS Travel History Questionnaire for Registering Students** developed by the Fairfax County Health Department.

PROCESS CHANGES FOR SCHOOL BASED 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 based administrator.
- The administrator will contact the assigned school public health nurse (PHN).
- Request that the student and family wait in a room with a closed door and provide access to a telephone so further screening by the PHN may be completed.

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

- Upon completion, the questionnaire will be housed within a separate file in a secure location and maintained in the building by the assigned school-based administrator.

PROCESS CHANGES FOR STUDENT REGISTRATION SITES:

- For registration of **all** students, the completed registration packet will not be released to the parent until Student Registration receives documentation of the physical and/or immunizations.
- The parent/guardian will be required 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:

- Notify Joanne Chen who will contact the Fairfax County Communicable Disease Center, 703-246-2433 or the Fairfax County Health Department School Health Program Coordinator at 703-246-8854, when determined necessary.

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

- Upon completion, the FCPS Travel History Questionnaire will accompany the registration packet that is sent to the school. This will be maintained in a separate file at the base school by the assigned school based administrator.



FCPS TRAVEL HISTORY QUESTIONNAIRE FOR REGISTERING STUDENTS

Student Name: _____

Parent Name: _____

Address: _____

Phone: (h) _____ (c) _____

School: _____

1. Did the student(s) travel to or from West Africa (Guinea, Sierra Leone, Liberia) 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) in the past 40 days?
Yes ____ No ____

I authorize this information to be shared with Fairfax County Health Department Public Health Nurse if further screening is determined necessary.

Signature of Parent/Guardian

Date