

# Daily Health Screening Instructions

*Remember, it is everyone's responsibility  
to ensure a safe and healthy campus environment.*

**WE RECOMMEND READING THROUGH THESE  
INSTRUCTIONS BEFORE PROCEEDING WITH THE SETUP**

**LINCOLN SCHOOL**

**P R O V I D E N C E**

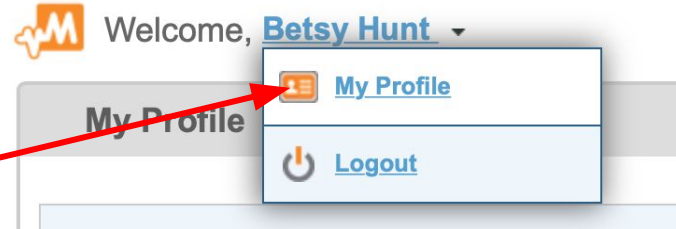
# Step 1

Log into Magnus on your computer following this link.

<https://secure.magnushealthportal.com/vclogin/login.jsf?schoolID=677490>

Click on your name. Then Click on **My Profile**

This will open your profile. On the right you will see an orange Change Credentials button. Click on it.



# Step 2

1. You will be asked to create a new username and password. This is what you will use for the Magnus App ONLY.
2. **DO NOT use the same username and password that you use for the portal or for magnus.**
3. Create a username and password JUST for this.
4. Suggestion:
  - a. Username:  
Lincoln.name.  
Streetnumber
  - b. Password: Covid.birthyear

## Update Your Username and Password ✕

New Username

New Password

Confirm Password

New password cannot be the same as your previous two passwords

Password must meet this criteria

**At least {0} characters**

**At least 1 special character or symbol**

**At least 1 number**

**At least 1 uppercase letter**

**At least 1 lowercase letter**

Once completed click

[Change Credentials](#)

[Cancel](#)

**REMEMBER: This username and password will ONLY be used for the APP.**

## Step 2 continued

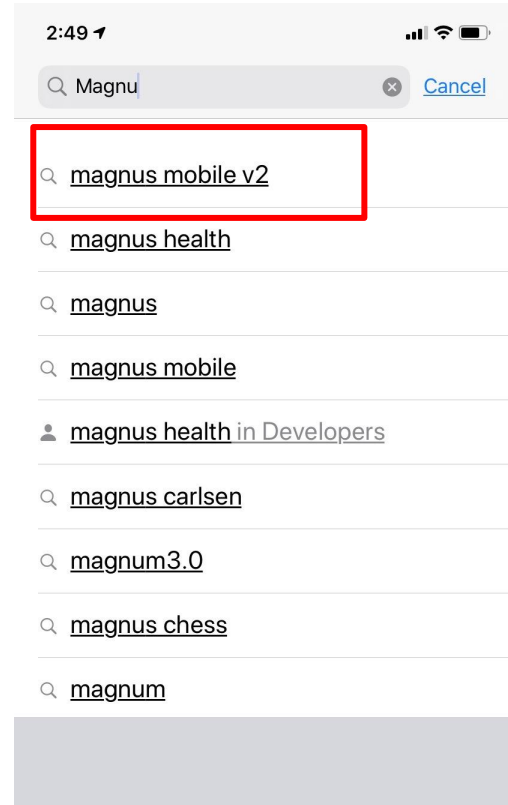
**Note: This new username/password combination will be used as your Magnus Mobile v2 app login only. Your school-issued username and password for the Parent Portal and web-based version of Magnus Health will not work in the Magnus app. This is for security reasons for the mobile app version of Magnus.**

# Step 3

**Download the Magnus Mobile v2 app from the Apple Store or Google Play Store.**

**This is the only location where you can complete the daily health screening.**

**The screening tool is not available in the web version of Magnus.**



# Step 4

**Open Magnus Mobile v2 app on your phone and enter your newly created username and password. You will now have the ability to complete the Daily Health Screening as well as any other form required to be completed for the school via Magnus**



Username

Password

Login

[Having trouble logging in?](#)

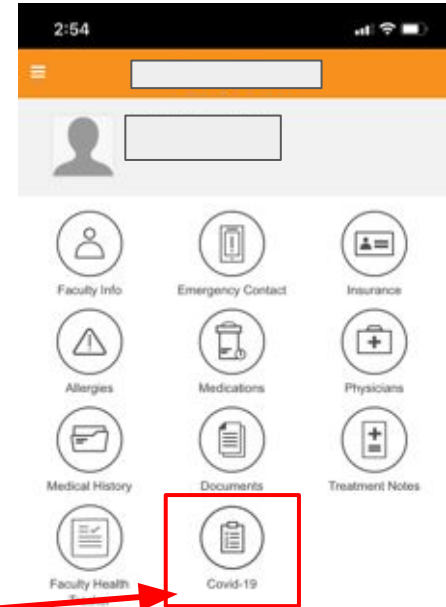


# Step 5

Once logged into the Magnus Mobile v2 app, you will be shown a list of your children. Click on the name of the child for whom you are completing the screening

Note: You MUST complete the daily screening each day for each child coming to campus.

Click on the Covid 19 Icon.



# Step 6

On the next screen you will see:

## **COVID19 Daily Screening Requirement is Not Complete**

Click on the daily screening to proceed to the next step.

Note: Screenings will only show to you Monday-Friday. If you are testing on the weekend, the screening will not show as required.

# Step 7

You will see the COVID19 Daily Screening” with a series of questions.

**Answer the questions and click SAVE**

*A copy of the full list of questions is shared at the end of this document.*

*Please review these questions PRIOR to completing the screening for the first time.*



# Step 8


Once you have completed the questions you will see a screen with a green GO or a red stop.

If you have made a mistake in your answers you can go back and edit and resubmit.

**Go:** This student may attend school today based on the determined health risks within this screening

**Stop:** This student may not attend school today based on the determined health risks within this screening

**Click OK at the bottom of the screen**



12:38

← Daily Parent or Guardian Attestation F...

**GO**

Student Name: [REDACTED]  
Submitted Date: August 28, 2020 12:37:48

This student may attend school today based on the determined health risks within this screening

Does your child have a temperature of 100.4 degrees Fahrenheit or higher when taken by mouth

No

Temperature  
98.6

Does your child have a new persistent cough (for students with allergic or asthmatic cough, a change in cough from baseline), shortness of breath or difficulty breathing or new loss of taste or smell

No

Does your child have any 2 of the following symptoms: temperature greater than 100 degrees Fahrenheit, fatigue, muscle aches, chills, headache, runny nose, nasal congestion, sore throat, nausea

No

Does your child have diarrhea, vomiting or abdominal pain

No

Has your child been in close contact with a person with confirmed COVID-19 or symptoms of COVID-19

No

If ordered to quarantine or isolate, has your child met t...



12:37

← Daily Parent or Guardian Attestation F...

**STOP**

Student Name: [REDACTED]  
Submitted Date: August 28, 2020 12:36:51

This student may not attend school today based on the determined health risks within this screening

Does your child have a temperature of 100.4 degrees Fahrenheit or higher when taken by mouth

Yes

Temperature  
98.6

Does your child have a new persistent cough (for students with allergic or asthmatic cough, a change in cough from baseline), shortness of breath or difficulty breathing or new loss of taste or smell

No

Does your child have any 2 of the following symptoms: temperature greater than 100 degrees Fahrenheit, fatigue, muscle aches, chills, headache, runny nose, nasal congestion, sore throat, nausea

No

Does your child have diarrhea, vomiting or abdominal pain

No

Has your child been in close contact with a person with confirmed COVID-19 or symptoms of COVID-19

No

# COVID Questionnaire Questions for Parents

1. Does your child have a temperature of 100.4 degrees Fahrenheit or higher or chills? YES NO
2. Temperature \_\_\_\_\_
3. Does your child have a new persistent cough (for students with allergic or asthmatic cough, a change in cough from baseline) , shortness of breath or difficulty breathing or new loss of taste or smell YES NO
4. Does your child have any of the following symptoms: fatigue, muscle or body aches, headache, runny nose or nasal congestion, sore throat YES NO
5. Does your child have any of the following: diarrhea, nausea or vomiting YES NO
6. Has your child been in close contact with a person with confirmed COVID-19 or symptoms of COVID-19 in the past 14 days? YES NO
7. If ordered to quarantine or isolate, has your child met the CDC/RIDOH guidelines for ending quarantine or isolation **Not Applicable, YES, NO (If your child has not been ordered to *quarantine or isolate check non applicable.*)**
8. Has your child travelled to an area currently under a travel restriction in accordance with RIDOH guidelines in the past 14 days? YES NO