

STUDENT COVID-19 Health Screening Questionnaire

Student Name: _____ Grade: _____ Teacher: _____

Date of In-person Attendance at School: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your child tested positive through a diagnostic test for COVID-19 in the past 10 days, or are you awaiting a test result?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the last 10 days have you been notified your student has had contact with a person who has tested positive for COVID-19?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the last 10 days, has your student traveled internationally to a CDC Level 2 or higher COVID-19 related travel health notice country or to a state that does not border New York?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your student currently have (or has had in the last 10 days) one or more of these new or worsening symptoms of COVID-19?
<p style="text-align: center;">Temperature</p> <p style="text-align: center;">_____ °F</p>		<p><i>A temperature of greater than or equal to 100.0 degrees Fahrenheit</i></p> <p><i>Feel feverish or have chills</i></p> <p><i>Cough</i></p> <p><i>Loss of taste or smell</i></p> <p><i>Fatigue/feeling or tiredness</i></p> <p><i>Sore throat</i></p> <p><i>Shortness of breath or trouble breathing</i></p> <p><i>Nausea, vomiting, diarrhea</i></p> <p><i>Muscle pain or body aches</i></p> <p><i>Headaches</i></p> <p><i>Nasal congestion/runny nose</i></p>

If you have indicated YES for your child to any of the screening questions, your child is not permitted to attend school. If your child develops any symptoms of COVID-19 while on school grounds or during transport, you will immediately be notified and be required to pick-up or make arrangements to pick-up your child. In either case, you will be required to obtain medical clearance from your healthcare provider for your child prior to a return to school.

Parent/Guardian Name (PRINT): _____

Signature: _____ Date: _____

Contact number during school hours: _____