

## COVID-19 SCREENING QUESTIONNAIRE

<b>Date (Month/Day/Year):</b>	<b>Time:</b>
<b>Student:</b>	

<b>Representations</b>	
<b>1</b>	<p>Is your child currently experiencing, or has your child experienced in the past 14 days, any of the following symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Fever (100° F or greater as measured by an thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Shortness of breath or difficulty breathing</p> <p style="font-size: small;">If "Yes" to <u>ANY</u> of the above, entry into to the building shall be denied.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Nausea, diarrhea, vomiting</p> <p style="font-size: small;">If "Yes" to <u>TWO (2) or more</u> of the above, entry into the building shall be denied.</p>
<b>2</b>	<p>In the past 14 days, has your child received a Positive test result for COVID-19?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="font-size: small;">If "Yes", entry into the building shall be denied</p>
<b>3</b>	<p>In the past 14 days, has your child had close contact with a confirmed or suspected COVID-19 case?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="font-size: small;">If "Yes", entry into the building shall be denied.</p>
<b>4</b>	<p>In the past 14 days, has your child recently traveled from a designated state with significant community spread?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="font-size: small;">If "Yes", entry into the building shall be denied.</p>
<b>5</b>	<p>Is anyone in your home currently under quarantine or isolation?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="font-size: small;">If "Yes", entry into the building shall be denied</p>

### This Section Is To Be Completed By The Health Screener

<p>Is the person's temperature above 100° F?    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="font-size: small;">If "yes", entry into the building shall be denied.</p>
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Access to school building (Check One):       Approved                       Denied

Health Screener Signature: \_\_\_\_\_

**Electronically Logged**  
(Initials)

Note: The information collected on this form will be only used to determine whether your child may be infected with COVID-19. The information on this form is maintained as confidential.