Daily Health Screening Questionnaire

Mandatory for scholar entry on in-person learning days.

Scholar Name: _______________________
Scholar Grade: ______________________
Scholar Homeroom: ___________________

Circle your answer for each of the following:

1. Has your scholar experienced a temperature of 100.0°F (37.8°C) or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?
   - Yes
   - No

2. In the past 10 days, has your scholar tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)?
   - Yes
   - No

3. To the best of your knowledge, in the past 14 days, has your scholar been in close contact (within 6 feet for at least 10 minutes) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19?
   - Yes
   - No

4. In the past 14 days, has your scholar traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory (bit.ly/nytravelban).
   - Yes
   - No

If you answered “Yes” to any of the above, your scholar, and all his/her siblings, must stay home today. Please contact the school immediately to inform them and to discuss next steps.

Parent Signature: _______________________
Date: ________________

Please contact the school immediately to inform them and to discuss next steps.