



STUDENT SCREENING QUESTIONS

Thank you for taking the time to keep our school community safe.

1. Are any of the following statements true?

- My child has tested positive for COVID-19 in the last 10 days.
- My child has been tested because of COVID-19 symptoms and I am still waiting for results.

YES, one of the statements above is true.

NO.

2. Does your child live in a household with a person who has COVID-19 symptoms and:

- is waiting to take a COVID-19 test or
- is waiting for test results or
- has a confirmed COVID-19 diagnosis

YES

NO

3. In the past 24 hours, has your child felt feverish or had a measured temperature greater than 100.4° F?

YES

NO

4. Over the past 24-hours, has your child or anyone living in the household had any of the following symptoms that are not related to another condition?

- Fever
- New cough
- Vomiting
- Diarrhea

YES

NO

5. In the past 10 days, has your child come into close contact (within 6 feet for 15 minutes or more) with someone who has tested positive for COVID-19?

YES

NO