



COVID-19 HEALTH SCREEN QUESTIONNAIRE

- My child was not given fever reducing medication prior to arrival
- My child is not exhibiting any of the following symptoms: Fever of 100.4 or higher, cough, shortness of breath, difficulty breathing, new loss of taste or smell
- My child is not exhibiting more than one of the following symptoms: Chills, shivers, muscle aches, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion/runny nose
- My child has not had close contact with a person confirmed to have COVID-19 in the past 14 days
- No household members have COVID-19 symptoms
- My child has not taken a COVID test that we are awaiting results for
- All of the above pertain to myself as well as my child

Student Name: _____

Date: _____

Parent Signature: _____

Print Name: _____

