



### 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 14 days (2 weeks).
- 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 or is a member of a classroom or cohort with exposure to a potentially infected child?**

YES

NO

**6. Is your student currently under isolation or quarantine?**

YES

NO