

COVID-19 Daily Pre-Screening Questionnaire

Parents/Guardians must complete and submit this COVID-19 Health Questionnaire the morning of any lesson/service. Students without a COVID-19 Health Questionnaire will **NOT** be allowed go out for that day’s service. **No Exceptions will be made.**

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____ Parent/Guardian Cell #: _____

Section A:

Does the student live in the same household as someone who in the last 14 days has had a positive test for COVID-19. **Circle: Yes No**

Has the student or anyone in the family (household) been in close contact with someone who has tested positive for COVID-19 in the last 14 days? Close contact is defined per CDC as being within 6 feet of an infected person for a prolonged period (15 minutes or more) starting from 48 hours before illness onset. The 15 minutes does not need to be continuous (e.g., 3, 5-minute periods would count) **Circle: Yes No**

Has the student or anyone in the family (household) visited any of the states listed (updated <https://covid19.nj.gov/> as of 10/20) under the Governors 14-day quarantine travel advisory in the past 14 days? **Circle: Yes No**

Has the student been advised to quarantine per CDC guidelines in the last 14 days due to being in a gathering/location with someone who has since tested positive for COVID-19? **Circle: Yes No**

Section B:

Is the student experiencing any of the following symptoms today or in the last 24 hours? Circle below:

Temperature > 99.5 degrees: yes no Temperature taken: _____	Nausea/vomiting: yes no
New loss of taste or smell: yes no	Chills/fatigue: yes no
Cough/shortness of breath: yes no If yes, does student have asthma: yes no If yes to both, is current cough a change in the baseline of any asthma related cough? yes no	

Students that answers yes to any question in Section A AND/OR two or more questions in Section B, please contact our office to reschedule services accordingly.

I certify to the best of my knowledge; this information is accurate.

Parent/Caregiver full name printed

Date

Parent/Caregiver signature

Please hand this waiver directly to your driver at pick up.