

Building Entry Screening Questionnaire for Students

The following questions should be answered by a responsible student or guardian prior to admitting the student into school each day.

Name of Student _____ Date _____ Signature _____

1.. In the last 10 days, have you (if student)/your child (if parent) had any of the following symptoms? Cough? Shortness of breath? Difficulty breathing? New loss of taste or smell? Fever of 100.4 degrees or higher? Severe headache? Sore throat? Vomiting? Diarrhea?

Yes No

2. Since last in school, are you (if student)/your child (if parent) waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

Yes No

3. In the last 10 days, have you (if student)/your child (if parent) had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or with a probable case of COVID-19 (i.e. the ill person has had close contact with a person with COVID-19)?

Yes No

4. In the last 10 days, have you (if student)/your child (if parent) been diagnosed with COVID-19?

Yes No

If you answered yes to any of the above questions, please contact your School Nurse or Principal for more information; if you answered no to all questions, your child may enter the building.

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