

Student Name: _____ Date: _____

Answer the following four questions before reporting to school. Place an X in the appropriate box. Turn in the form to your homeroom teacher when you arrive at school.

This form must be completed and returned on the first and third Wednesday of the month for each student.

1. I have knowingly been in close or proximate contact with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19 in the past 14 days.

_____ Yes _____ No

2. I have tested positive through a diagnostic test for COVID-19 in the past 14 days

_____ Yes _____ No

3. I have experienced symptoms of COVID-19 including a temperature of greater than 100.0 degrees Fahrenheit in the past 14 days.

_____ Yes _____ No

4. I have travelled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.

_____ Yes _____ No

If you answered YES to any of these questions, DO NOT COME TO SCHOOL AND CALL the Nurse's Office immediately at 836-3606.

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