

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.

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

_____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 836-3652.