



ST. MARY ACADEMY - BAY VIEW

COVID-19 Screening Tool

Symptoms

Have you/your daughter had any of the following symptoms in the past three days that are not explained by allergies or non-infectious causes?	Yes	No
<i>Tier 1</i>		
Cough		
Shortness of Breath		
Difficulty Breathing		
Recent Loss of Taste or Smell		
<i>Tier 2</i>		
Fever		
Chills		
Muscle or Body Aches		
Headache		
Sore Throat		
Nausea or Vomiting		
Diarrhea		
Fatigue		
Congestion or Runny Nose		

Risk Factors

Have you/your daughter been in close contact (less than six feet) with anyone with COVID-19 in the past 14 days?	Yes	No
Have you/your daughter traveled anywhere outside the 50 United States in the past 14 days?	Yes	No
Have you/your daughter been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days?	Yes	No

If you/your daughter has answered yes to any of the questions above, and you cannot explain these symptoms by known allergies or non-infectious illnesses, then you/your daughter cannot enter the school and you must notify the appropriate Bay View staff. If you/your daughter answered yes to *ONE* Tier 1 symptom or *TWO OR MORE* Tier 1 or 2 symptoms, you will be treated as a probable case (as defined by the CDC). You must notify Bay View staff immediately (after which we will notify RIDOH), get tested and isolate until receiving a negative test or until Bay View receives medical documentation stating that you are well.