



At Saint John's Catholic Prep

YOUR SAFETY IS OUR TOP PRIORITY

1. HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS?
2. HAVE YOU BEEN RECENTLY TESTED FOR COVID-19 OR AWAITING COVID-19 TEST RESULTS?
3. SINCE THE LAST TIME AT SJCP HAVE YOU HAD A TEMPERATURE OF 100.4 DEGREES OR ANY OF THE FOLLOWING SYMPTOMS?
 - COUGH
 - SHORTNESS OF BREATH
 - FEVER
 - CHILLS
 - MUSCLE PAIN
 - SORE THROAT
 - NEW LOSS OF TASTE OR SMELL
 - NAUSEA/VOMITING OR DIARRHEA
 - DIFFICULTY BREATHING
 - FATIGUE OR HEADACHE
 - CONGESTION/RUNNY NOSE