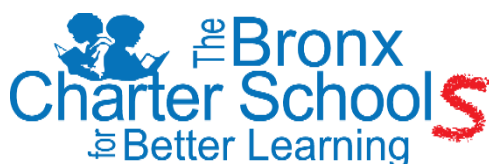


Health Screening Questionnaire for Students
Please complete one (1) per child

1. Has your child experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath within the past 10 days?
 No. Go to the next question.
 Yes, and he/she has received a negative result from a COVID-19 test since the onset of symptoms AND has not had symptoms for at least 24 hours. Go to the next question.
 Yes, and he/she is not in the category above. No further screening is needed. The student may not enter the building.
2. In the past 10 days, has your child gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab? (Not a blood test)
 No. Go to the next question
 Yes. No further screening is needed. The student may not enter the building.
3. To the best of your knowledge, in the past 14 days, has your child been in close contact (**within 6 feet for at least 10 minutes**) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19?
 No. Go to the next question.
 Yes. No further screening is needed. The student may not enter the building.
4. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?
 No. The student may enter the building.
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