

Covid Questionnaire

1. Have you or your child been exposed to anyone with a positive Covid 19 test in the last 14 days?
2. Have you or your child been exposed to anyone with a presumptive case of Covid 19 in the last 14 days? (presumptive means: the person was exposed to someone with Covid 19 symptoms)
3. Are you or your child experiencing an unusual cough, shortness of breath, or a fever? (a fever is considered anything over 100.4 degrees.)
4. Do you or your child have symptoms of diarrhea, vomiting, headache, sore throat, or a rash?

I will answer these questions each day before I drop my child off at school. I will not drop my child off if the answer to any of these questions is yes.

Parent's Signature

Date