

Building Entry Screening Questionnaire for Students

The following questions should be answered by a responsible student or guardian prior to admitting the student into school each day.

Name of Student _____ Date _____ Signature _____

1. Since last in school, have you (if student)/your child (if parent) had any of the following symptoms? -Cough? - Shortness of breath -Difficulty breathing? -New loss of taste or smell? -Fever of 100.4 degrees or higher? -Chills or shaking chills? -Muscle aches? -Headache? -Sore throat? -Nausea or vomiting? -Diarrhea? -Fatigue? -Congestion or runny nose?

Yes No

2. Since last in school, are you (if student)/your child (if parent) waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

Yes No

3. In the last 14 days, have you (if student)/your child (if parent) had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

Yes No

4. In the last 10 days, have you (if student)/your child (if parent) traveled outside of the Maryland region (Region includes PA, VA, WV, DE and DC)?

Yes No

If you answered yes to any of the above questions, please follow CDC COVID-19 guidelines and do not send your child to school; if you answered no to all questions your child may enter the building.

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