COVID-19 Questionnaire for Self-Screening

Parents,

Please review the below questions. If your student answers yes or in the affirmative to any of the following questions, which cannot be explained typically, please keep the student home. If you have any questions, please contact the office. God bless.

Do you have a fever over 100.4 degrees Fahrenheit?

Do you have a loss of smell or taste?

Do you have a cough?

Do you have muscle aches?

Do you have a sore throat?

Do you have congestion or a runny nose?

Do you have shortness of breath?

Do you have chills?

Do you have a headache?

Do you have gastrointestinal symptoms?

Have you been in closed contact with any diagnosed with COVID-19?

Have you been asked to self-isolate by a medical professional?

Again, if you have answer yes or in the affirmative and cannot explain these symptoms, please stay home. As always, please contact the school with any questions you may have.