



### Daily Screening Questions for COVID-19

This form should be turned in daily in the foyer upon entry to the school.

Parents, Students, and Employees,

It is **REQUIRED** that you ask and answer these questions **daily** before leaving home and before entering John Bapst. No student or employee should come to school if actively symptomatic. You will turn in this form as you enter school. Play it safe – keep us all healthy!

**Student/Employee Name:** \_\_\_\_\_ **Grade (if Student)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Employee Signature:** \_\_\_\_\_

1. Do you have any of these symptoms that are **not caused by another condition**? Circle the condition if YES or check NO.

YES

NO

Fever or chills (100.4F)

Cough

Shortness of breath/difficulty breathing

Fatigue

Diarrhea

Muscle or body aches

Headache

Chills

Recent loss of taste or smell

Sore throat

Congestion/runny nose

Nausea or vomiting

2. Within the past 14 days, have you had contact with anyone that you know has COVID-19 or COVID-like symptoms? Contact is defined as being 6 feet or closer for more than 15 minutes or having direct contact with fluids from a person with COVID-19 (for example, through that person's coughing or sneezing).

YES

NO

3. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

YES

NO