



SACRED HEART SCHOOL

COVID-19 HEALTH SCREENING FORM

Today's Date: _____

Your Name: _____ Child's Name: _____

Circle the one that applies: Student Parent Faculty Staff Visitor

Temperature: _____.____ Taken By: _____

Your complete honesty will help keep all of us safe – we are all in this together and it is important that we take care of each other. Thank you!

1	Have you (or your child) been in close contact with a confirmed case of COVID-19 in the last 2 weeks? Close contact would include having a household member with a confirmed case or a co-worker.	Yes	No
2	Have you (or your child) been in close contact with anyone who has exhibited a sudden onset of any of the following symptoms in the last 2 weeks: fever, runny nose (outside of allergies), sore throat, new onset of cough, shortness of breath (unless known medical condition such as COPD, CHF or other pre-existing conditions), flu-like symptoms, new muscle aches or pains, chills, nausea, diarrhea, headache, or severe fatigue without apparent cause in the last 2 weeks? Close contact would include having a household member or co-worker with any of these symptoms.	Yes	No
3	Have you (or your child) had a fever or felt feverish in the last 72 hours, including chills, shaking or headache?	Yes	No
4	Outside of seasonal allergies or chronic illness, are you (or your child) experiencing any new respiratory symptoms including a runny nose, sore throat, new onset of cough, or shortness of breath (unless known medical condition such as COPD or CHF)?	Yes	No
5	Are you (or your child) experiencing any new muscle aches or pains, headache, nausea, severe fatigue without apparent cause, or diarrhea?	Yes	No
6	Have you (or your child) experienced any new change in your sense of taste or smell?	Yes	No
7	Have you (or your child) travelled out of New England in the last two weeks, excluding your out of state residency? If yes, which state(s) did you visit and what was your contact with others: _____ _____	Yes	No

If your temperature (or that of your child) is above 100.4 degrees or you have answered YES to any questions, then you must not come into school.

Your Signature required