

FENWICK



Return to School Health Checklist

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the CDC has set specific guidelines to reduce the chances of transmission. In order to protect yourself, your family and our Fenwick Community, we ask that you take a moment to answer the following questions.

Yes ____ No ____ Have you experienced or exhibited **ANY** cold or flu symptoms, or any other symptoms related to COVID-19 or any other communicable disease within the last 14 days-regardless of severity? These symptoms include but are not limited to fever, chills, muscle pain (unrelated to physical exertion), fatigue, headache, sore throat, loss of taste or smell, dry cough, difficulty in breathing, vomiting or diarrhea.

Yes ____ No ____ Have you recently been in contact with anyone who has tested positive with COVID-19 or any other communicable disease within the last 14 days?

Yes ____ No ____ Have you or any member(s) of your household traveled internationally within the past 14 days?

Yes ____ No ____ Have you, or any member of your household, visited any of the areas within the United States that were reported to be highly affected by COVID-19, as reported by CDC, in the last 14 days?

Yes ____ No ____ If you have answered yes to any of the above travel questions, have you quarantined the required 14 days in accordance with the CDC guidelines?

I attest that I have answered the above questions truthfully and agree to fully comply with applicable Federal, State and local guidelines with regard to COVID-19. I also understand that if I have answered yes to any of the above questions, I may not be able to attend school in person today.

I agree to notify the nurse of any changes in my answers as stated above.

Student Name _____ Date _____

Student Signature _____

Parent/Guardian _____ Date _____

Parent/Guardian Signature _____