



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: _____

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?
- Severe Headache?
- Sore throat?
- Vomiting?
- Diarrhea?

☐ Yes or ☐ No

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 or ☐ No

In the last 10 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 with a probable case of COVID-19 (i.e., the ill person has had close contact with a person with COVID-19)?

☐ Yes or ☐ No

In the last 10 days, have you been diagnosed with COVID-19?

☐ Yes or ☐ No

If you marked YES to a survey question, you are not permitted in the building. Please contact your School Nurse or Principal for more information. Thank you.

Date of survey: _____

Time of survey: _____