

# KINGSBURY SEVENTH-DAY ADVENTIST SCHOOL

## WEEKLY HEALTH QUESTIONNAIRE

### PARENTS –

Please complete this short check list and send it to school with your child every Monday morning.

### SECTION 1:

\_\_\_\_\_ Temperature 100.4 degrees Fahrenheit or higher when taken by mouth

\_\_\_\_\_ Sore throat

\_\_\_\_\_ New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline).

\_\_\_\_\_ Diarrhea, vomiting or abdominal pain

\_\_\_\_\_ New onset of severe headache, especially with a fever.

### SECTION 2:

\_\_\_\_\_ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID 19.

\_\_\_\_\_ Traveled to an area where the local health department is reporting large numbers of COVID 19 cases.

\_\_\_\_\_ Live in an area of high community transmission

\_\_\_\_\_ **NONE OF THE ABOVE**

*We ask that families consider the ramifications of traveling out of New York State at this time. Because the quarantine and testing requirements change frequently, they are not listed on this form. If a student has been out of state for travel, please check with the principle on the steps required to allow the student back in school.*

**STUDENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARENT/GUARDIAN INITIALS:** \_\_\_\_\_

