

Saint Saviour Faith Formation Diocese of Brooklyn

Health Screening- Student

This Weekly Health Screening is required to be completed each week and will be collected each Sunday before entrance to religious education as per required by Diocese.

1. Is your child, or a household member currently waiting for the results of a COVID-19 test?

No _____ **GO**. You may go to school. Yes _____ **STOP**. You may not go to school.

2. In the past 10 days, has your child experienced any symptoms of COVID-19, including a fever of 100.0 F or greater, new cough, loss of taste or smell, shortness of breath, sore throat, headache, nasal congestion, runny nose (sniffles), stomach upset?

No _____ **GO**. You may go to school. Yes _____ **STOP**. You may not go to school.

3. In the past 10 days has your child gotten a lab confirmed positive COVID-19 test result (not a blood test) that was their first positive COVID-19 result OR was 90 days from their previous positive COVID-19 result? Please note the 10 days is measured from the day you were tested, not the day you received the results.

No _____ **GO**. You may go to school. Yes _____ **STOP**. You may not go to school.

4. To the best of your knowledge, in the past 10 days has your child been in close contact (within 6 feet for at least 10 minutes over 24-hour period) with anyone who has tested positive for COVID -19 or who has been told they have symptoms of COVID-19?

No _____ **GO**. You may go to school. Yes _____ **STOP**. You may not go to school.

5. In the past 10 days has your child or a household member returned from an international destination?

No _____ **GO**. You may go to school. Yes _____ **STOP**. You may not go to school.

Student Name: _____ Grade: _____

Parent Signature: _____

Date: _____