

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Have you been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?  Yes  No
- 2) Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  Yes  No
- 3) Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?  Yes  No
- 4) Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days that you cannot attribute to another condition?  Yes  No

Signs and symptoms may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Have you been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?  Yes  No
- 2) Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  Yes  No
- 3) Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?  Yes  No
- 4) Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days that you cannot attribute to another condition?  Yes  No

Signs and symptoms may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Have you been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?  Yes  No
- 2) Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  Yes  No
- 3) Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?  Yes  No
- 4) Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days that you cannot attribute to another condition?  Yes  No

Signs and symptoms may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Have you been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?  Yes  No
- 2) Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  Yes  No
- 3) Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?  Yes  No
- 4) Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days that you cannot attribute to another condition?  Yes  No

Signs and symptoms may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea