

Week of: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Gr.



The following questionnaire is sent home with students & employees of Holy Child at the end of the week. **Every student and employee MUST have their completed form with them on the first day they report to school the following week.**

If your child arrives without the completed form you will receive a call to email one to the school before your child will be admitted to their classroom. The form can be found on our website. Employees who forget will complete one upon arrival.

**COVID-19 Questionnaire**

If you answer **YES** to any of the following questions **you must call the school** before bringing your child in; **school employees must call** before reporting to work.

- Has your child or (employee) presented with symptoms of COVID-19 in the past 14 days? \_\_\_\_\_
- Has your child or (employee) had a positive result for a COVID-19 test in the past 14 days? \_\_\_\_\_
- Have you/your child or (employee) had close contact with a confirmed or suspected COVID-19 case in the past 14 days? \_\_\_\_\_
- Have you come in contact with anyone who has traveled internationally **or** to a state that is included on the NY State Travel Advisory in the past 14 day? \_\_\_\_\_

Indicate with a  you will comply with the following:

*I will not send my child to school (employees will not report to work) with a temperature of 100.4° or higher.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All information collected will be held in the strictest of confidence in accordance with HIPPA regulations.*