



# CANASTOTA CENTRAL SCHOOLS

## Student Required Screening Questionnaire COVID-19

### REQUIRED DAILY:

**Under the guidance of the NYS Department of Health, Canastota Central School District is requiring that parents and guardians complete this health screening questionnaire on a daily basis for any children who are attending school in person.**

**Parents & Guardians: Please complete this form for your child(ren) prior to reporting to school. If you answer "yes" to any questions, do not send your child to school and notify your child's school nurse immediately. If you answer "no" to all the questions, please send your child to school. Please be reminded that all students must wear a facial covering to enter any district facility.**

Symptoms of COVID-19 may include: fever of 100.0 degrees (F) or chills within the last 24 hours; 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.

**(1) Has your child had COVID-19 symptoms in the past 10 days?      Yes or No (Circle Answer)**

**(2) Has your child tested positive for COVID-19 in the past 10 days?      Yes or No (Circle Answer)**

**(3) Has your child had close contact (close contact is defined as within 6 feet for 15 minutes or more) with someone who tested positive for COVID-19 in the past 10 days or been directed to quarantine/isolate per the Department of Health?      Yes or No (Circle Answer)**

**(4) Has your child been in a state outside of New York State, Pennsylvania, New Jersey, Connecticut, Massachusetts, or Vermont for greater than 24 hours in the past 10 days? Yes or No (Circle Answer)**

Name of Person Completing this Form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_