



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) Are you currently experiencing any symptoms that may be related to COVID-19? Yes or No (Circle Answer)

(2) Have you tested positive for COVID-19 in the past 10 days? Yes or No (Circle Answer)

(3) Have you had contact with someone who tested positive for COVID-19 in the past 10 days or have you been directed to quarantine per the Department of Health? Yes or No (Circle Answer)

(4) Have you traveled 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: _____