DEMOCRACY PREP PUBLIC SCHOOLS
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Daily Health Screening Questionnaire

Mandatory for scholar entry on in-person learning days.

Scholar Name:
Scholar Grade:
Scholar Homeroom:

Circle your answer for each of the following:

1. Has your scholar experienced a temperature of 100.0° F (37.8° C) or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?

   Yes No

2. In the past 10 days, has your scholar tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)?

   Yes No

3. To the best of your knowledge, in the past 14 days, has your scholar been in close contact (within 6 feet for at least 10 minutes) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19?

   Yes No

4. In the past 14 days, has your scholar traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory (bit.ly/nytravelban).

   Yes No

If you answered "Yes" to any of the above, your scholar, and all his/her siblings, must stay home today. Please contact the school immediately to inform them and to discuss next steps.

Parent Signature: _____

Date: _____

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