

## Montessori Children Covid-19 Screening Questions

Child's Name: \_\_\_\_\_

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

1. Since your child's last day of school, have they experienced any of the following symptoms? For this question if your child has 2 or more symptoms they must stay home.
  - Fever (greater than 100.0) 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
2. Has Your child had close contact with a confirmed or suspected case of Covid-19 within 14 days?
3. Has your child had a positive Covid-19 test within the last 14 days?
4. Has your child traveled internationally or from a state with widespread community transmission of Covid-19 per the New York Travel Advisory in the last 14 days?
5. Has your child traveled to NJ, CT, PA, MA, VT? These travelers must quarantine for 14 days from the last day in a non-border state unless tested for COVID-19.
6. Has your child attended any social gatherings with 11 and more persons during the holidays since last attending school?

\_\_\_ NO to all questions

\_\_\_ Yes to question 1. Must stay home if child has 2 or more symptoms.

\_\_\_ Yes to one or more of questions 2-6. I will not send my child to school.

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

Temperature: \_\_\_\_\_