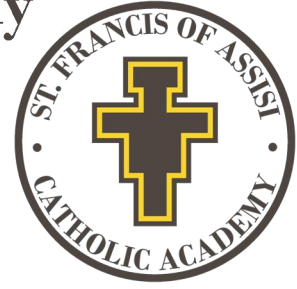


St. Francis of Assisi Catholic Academy

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STUDENT NAME: _____ **GRADE:** _____

Parents: Please complete this short check each morning. If the answer is YES to any question, please do not bring your child to school and contact your medical professional. If the answer is NO to all of the questions, this form must be presented before your child enters the school building.

Health Screening Questions:

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Does your child have any of these symptoms:

- Temperature 100.4 degrees Fahrenheit
- Sore Throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever
- Shortness of breath
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- No. The student may go to school
 Yes. The student may not go to school.

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

- No. The student may go to school
 Yes. The student may not go to school.

Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.

- No. The student may go to school
 Yes. The student may not go to school.

Parent Signature

Date