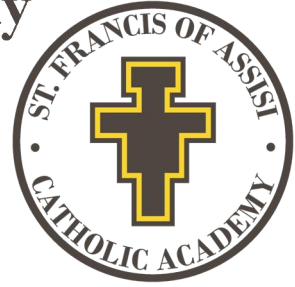


St. Francis of Assisi Catholic Academy

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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:

What is your child's temperature?

Does your child or anyone in your household have any of these symptoms:

- Temperature above 100.3 degrees Fahrenheit
- Chills
- Shortness of breath
- Difficulty Breathing
- Worsening cough
- Sore throat
- Diarrhea
- Nausea
- Vomiting
- Headache
- Loss of taste or smell

- 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 with anyone who has tested positive through a diagnostic test for COVID-19.

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

Parent Signature

Date