



## COVID-19 Screening Questionnaire 2021-2022

Your Child's Name:	Grade:		
Location:	St. Maria Goretti Parish		
City:	Hatfield, PA		
Activity:	Parish Religious Education	Date:	

**I understand that my child should try to use bathrooms at home and that the school bathrooms should be for absolute necessity.** Initial \_\_\_\_\_

1. Have you or your child had a temperature at or over 100.4 F? Yes No
2. Within the last fourteen (14) days, have you or your child tested positive for COVID- 19? *If No, then continue.* Yes No
3. Within the last fourteen (14) days, have you or your child had direct contact with a person confirmed or suspected to have COVID-19? *If No, then continue.* Yes No
4. Within the last fourteen (14) days, have you or your child been asked to self-quarantine? *If No, then continue.* Yes No
5. Within the last fourteen (14) days, have you or your child had any cold or flu-like symptoms such as fever, chills, cough, shortness of breath, difficulty breathing, sore throat, muscle or body aches, fatigue, headache, congestion, runny nose, nausea, vomiting, diarrhea, or lack of taste or smell? *If No, then continue.* Yes No
6. Within the last fourteen (14) days, are you aware of you or your child being in contact with someone with cold or flu-like symptoms such as fever, cough, shortness of breath, difficulty breathing, sore throat, body aches, or lack of taste or smell? *If No, then continue.* Yes No
7. Within the last fourteen (14) days, have you or your child traveled to a place with rising community transmission of COVID-19? *If No, then continue.* Yes No
8. Within the last fourteen (14) days, have you traveled on an airplane? Yes No

Parent/Guardian

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