



COVID-19 Screening Questionnaire

Your Child's Name:			
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 school bathrooms should be for absolute necessity. Initial _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you or your child had a temperature at or over 100.4 F? Register your child's temperature here: | _____ | _____ |
| 2. Within the last fourteen (14) days, have you or your child tested positive for COVID- 19? <i>If No, then continue.</i> | _____ | _____ |
| 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? <i>If No, then continue.</i> | _____ | _____ |
| 4. Within the last fourteen (14) days, have you or your child been asked to self- quarantine? <i>If No, then continue.</i> | _____ | _____ |
| 5. Within the last fourteen (14) days, have you or your child had any cold or flu-like symptoms such as fever, cough, shortness of breath, difficulty breathing, sore throat, body aches, or lack of taste or smell? <i>If No, then continue.</i> | _____ | _____ |
| 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? <i>If No, then continue.</i> | _____ | _____ |
| 7. Within the last fourteen (14) days, have you or your child traveled to a place with rising community transmission of COVID-19? <i>If No, then continue.</i> | _____ | _____ |
| 8. Within the last fourteen (14) days, have you traveled on an airplane? | _____ | _____ |

Parent/Guardian

Signature: _____