

Student/Family COVID-19 Periodic Screening

Due to the COVID-19 pandemic, all persons who enter WCS must wear a face covering and practice social distancing by remaining six feet away from others whenever possible.

In addition, all families must complete this COVID-19 Health Screening Questionnaire periodically as stated by the NYS Department of Health.

Please complete the following questions and return to school the following day.

*My child(ren) names and grades are:

1. Is anyone in your family currently experiencing COVID-19 symptoms, such as fever, sore throat, dry cough, shortness of breath, etc.? Yes No

2. In the past 14 days, has anyone in your family received a positive result from a COVID-19 test? * Yes No

3. In the past 14 days, has anyone in your family been in contact with a person who has been diagnosed with COVID-19 or developed symptoms of COVID-19? * Yes No

4. *In the past 14 days, has anyone in your family traveled from high-risk states as outlined in New York State Executive Order 205? * Yes No

*For states with high risk of COVID-19, please visit the following link: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

Please print your name here

Parent/Guardian Signature here

____/____/____
Date