

## COVID 19 QUESTIONNAIRE

Please ensure that the answers provided are honest as we endeavor to protect your child as well as all the members of the school community.

1. Number of persons in the household \_\_\_\_\_
2. Name any country that you or any member of your family has visited in the last three weeks. \_\_\_\_\_
3. Have you had a house guest from another country in the last three weeks? \_\_\_\_\_
4. Have you or any members of your family come in contact with any persons from other countries in the last three weeks? \_\_\_\_\_
5. Has anyone in your household tested positive for the COVID19 virus? \_\_\_\_\_ If yes, was it reported? \_\_\_\_\_ Has the person recovered? \_\_\_\_\_
6. Have you or any member of your household been a part of a large gathering in the last three weeks? \_\_\_\_\_
7. Has anyone been exhibiting symptoms in the last two weeks? (coughing, high fever, trouble breathing) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Thank you for your honest response and continue to keep safe.