

**Diocese of Brooklyn and Queens - St. Francis de Sales Church
Religious Education Program - Daily Health Screening – Student**

This Daily Health Screening is required to be completed each day before entrance to religious education.

1. Is your child, or a household member currently waiting for the result of a COVID-19 test?

NO _____ **GO.** You may go to school.

YES _____ **STOP.** You may not go to school.

2. In the past 10 days, has your child experienced any symptoms of COVID-19, including a fever of 100.0 F or greater, new cough, loss of taste or smell, shortness of breath, sore throat, headache nasal congestion, runny nose (sniffles), stomach upset?

NO _____ **GO.** You may go to school.

YES _____ **STOP.** You may not go to school.

3. In the past 10 days has your child gotten a lab confirmed positive COVID-19 test result (not a blood test) that was their first positive COVID-19 result OR was 90 days from their previous positive COVID-19 result? Please note the 10 days is measured from the day you were tested, not the day you received the results.

NO _____ **GO.** You may go to school.

YES _____ **STOP.** You may not go to school.

4. To the best of your knowledge, in the past 10 days, has your child been in close contact (within 6 feet for at least 10 minutes over a 24-hour period) with anyone who has tested positive for COVID-19 or who has been told they have symptoms of COVID-19?

NO _____ **GO.** You may go to school.

YES _____ **STOP.** You may not go to school.

5. In the past 10 days has your child or a household member returned from an international destination?

NO _____ **GO.** You may go to school.

YES _____ **STOP.** You may not go to school.

Student Name: _____ Grade: _____

Parent Signature: _____

Date: _____