



MATTHEW BARRETT, Ed. D.
Superintendent of Schools

CYNTHIA A. LAROSA, Ph.D.
Assistant to Superintendent

ROSE E. EMMETT
Business Manager / Board Secretary

COVID-19 Screening Questionnaire (Students)

In an effort to provide the safest possible environment, students are required to self-check for symptoms of COVID-19 prior to leaving home each morning.

Screening Questions:	Yes	No
Have you or anyone in the home tested positive or suspected of having COVID-19 in the last 14 days?		
Have you or anyone in your household had ANY of these symptoms in the last 14 days? <ul style="list-style-type: none"> • Fever at or greater than 100 degrees Fahrenheit • Cough • Shortness of breath or difficulty breathing for unknown reasons • Diarrhea • Chills • Repeated shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste or smell 		
Have you or anyone in your household traveled in the U.S. in the past 21 days? Outside of Pennsylvania? Additional COVID-19 Information for Travelers can be found at: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx		
Has anyone in the home had contact within the last 14 days with someone with or under investigation for COVID-19?		
<p>Students – If the response is ‘yes’ to any of the four questions, building administration and the student (parent/guardian) will discuss possible risks and document the joint decision regarding school attendance.</p> <p>If reporting ‘yes’ to any of the above questions while in school, students are to be sent to the nurse's office immediately for medical evaluation/assessment.</p>		
Comments:		