

# Mount Sinai Schools

## Student Admittance Health Questionnaire

**PLEASE HELP US KEEP OUR SCHOOLS SAFE.**

Parents/Caregivers **MUST** complete, sign and students must turn in this form in order to enter school. **Students who do not have this form will be screened by school personnel prior to starting their school day. No Exceptions will be made.**

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Grade

Student temperature prior to departing for school (Fahrenheit): \_\_\_\_\_ Time taken: \_\_\_\_\_ A.M.

1. Does the student live in the same household or have close contact with someone who, in the last 14 days, has been in isolation for COVID-19 or had a test confirming the virus?  
**Circle: Yes No**
  
2. Has the student tested positive for COVID-19 within the last 14 days?  
**Circle: Yes No**
  
3. Have you or a family member traveled out of New York State or internationally in the past 14 days?  
**Circle: Yes No**
  
4. Has the student exhibited any of the following symptoms today (or within the last 24 hours) which cannot be better explained by another condition? (Circle Below)

Fever:	<b>Yes No</b>	Cough:	<b>Yes No</b>
Difficulty Breathing:	<b>Yes No</b>	Muscle Aches or Pain:	<b>Yes No</b>
Chills:	<b>Yes No</b>	Sore Throat:	<b>Yes No</b>
Unusually Weak/Fatigued:	<b>Yes No</b>	Runny/Congested Nose:	<b>Yes No</b>
Repeated Shaking/Shivering:	<b>Yes No</b>	Shortness of Breath:	<b>Yes No</b>
Loss of Taste or Smell:	<b>Yes No</b>	Diarrhea:	<b>Yes No</b>

Please provide additional information below if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies):

**If the student is experiencing any of the above symptoms, without an explanation not related to possible COVID-19, the student is required to STAY HOME from school until symptom free or documentation of a negative COVID-19 test.**

I certify to the best of my knowledge; this information is accurate.

\_\_\_\_\_  
Parent/Caregiver full name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver signature