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 from a state on the current "New York Travel Advisory List" 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)

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

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

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Parent/Caregiver signature

revised 9/25/2020