

Health Questionnaire Screening Form for Coronavirus (COVID 19)

Symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19 and should not attend school or work.

Fever or chills	Cough
Shortness of breath or difficulty breathing	Fatigue
Muscle or body aches	Headache
New loss of taste or smell	Sore throat
Congestion or runny nose	Nausea or vomiting
Diarrhea	

Questions for COVID screening [**circle** the applicable response]:

1. Have you knowingly been in close proximate contact in the past 14 days with anyone who has tested positive for COVID 19? **YES NO**
2. Have you tested positive for COVID 19 in the last 14 days? **YES NO**
3. Have you experienced any symptoms of COVID 19 in the past 14 days? **YES NO**
4. In the last 14 days, have you traveled from another state or country for which New York requires a mandatory self-quarantine period? **YES NO**
5. If you answered yes to question #4, have you completed the 14 day self-quarantine as currently required by New York State? **YES NO N/A**

When to Seek Immediate Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Student Name: _____

Parent Name: _____

Date Questionnaire was completed: _____ Initials: _____