



COVID – 19 School Event SYMPTOM QUESTIONNAIRE

Please complete this questionnaire before attending an event at SRHS.

1. Do you have a new cough that you cannot attribute to another health condition?	Yes / No
2. Do you have shortness of breath that you cannot attribute to another health condition?	Yes No
3. Do you have headache that you cannot attribute to another health condition?	Yes No
4. Do you have a runny nose or congestion that you cannot attribute to another health condition?	Yes / No
5. Do you have any of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, sore throat, nausea, vomiting, diarrhea or new loss of taste or smell?	Yes / No
6. Have you come into close contact (within 6 feet) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?	Yes / No
7. Has a health care provider or public health official asked you to quarantine (i.e., stay home) during this period? - ____	Yes / No
8. Have you traveled to a foreign country in the past 14 days? (Respond "No" if your only travel is commuting to work from Mexico's border region with San Diego)	Yes / No

If you responded "Yes" to any of these questions or if your temperature is >100°F (or >37.8°C), please do NOT attend today's event.

If you responded "No" to all these questions and your temperature is normal, bring this form with you today and turn it in at the check in table.

Name (Printed)

Today's Date

Signature

Name of Event