

Church Of The Holy Spirit
COVID-19 SCREENING FORM

Dear Parent/Guardian:

To ensure the health and safety of your child and others, please complete and sign this form and give to your young person to turn in for religious education today.

Does my child currently have a temperature of 100.4 degrees F or above?

No Yes If so, he/she cannot attend religious education today and you should consult your doctor.

Does my child have any of these symptoms of COVID-19?

- Fever of 100.4 degrees F
- Cough
- Chills
- Shortness of breath/difficulty breathing
- Loss of taste or smell
- Congestion/runny nose
- Nausea/vomiting/diarrhea
- Muscle/body aches
- Fatigue
- Sore throat
- Headache

If so, he/she cannot attend religious education today, and you should consult your doctor.

Has your child knowingly been near someone who, in the past 14 days, has tested positive for COVID-19 or who has had symptoms of COVID-19?

No Yes If yes, he/she cannot attend religious education today.

Has your child tested positive for COVID-19 in the past 14 days?

No Yes If yes, he/she cannot attend religious education today.

Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

No Yes If so, he/she cannot attend religious education today.

Name of Child _____

Parent/Guardian Name _____

By signing this, I attest that all answers are true to the best of my knowledge.

Signature _____ Date _____