

# Cheverus Catholic School

1. Have you or any members of your household travelled outside of Massachusetts or been exposed to anyone who has travelled outside of Massachusetts since November 23?

Yes

No

2. If so, have you quarantined or been tested within the last 72 hours?

Yes

No

3. In the past 14 days, has your child or anyone in your household had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

Yes

No

4. In the past 14 days, has your child or anyone living in your house interacted with people outside your household?

Yes

No

5. Has your child been experiencing any of the symptoms indicated below?

Yes

No

If you said yes above, please check all that apply.

*Fever (Temperature of 100.0 F or above), felt feverish, or had chills*

*Sore throat*

*New cough (not related to a chronic condition)*

*New nasal congestion or new runny nose (not related to seasonal allergies)*

*New muscle aches*

*Shortness of breath*

*GI symptoms (vomiting, nausea or diarrhea)*

*Abdominal pain*

*Fatigue*

*Headache*

*New loss of taste/smell*

My signature indicates that I have read and fully understood what is required from on this form. It also affirms the truth and accuracy of my answers. \_\_\_\_\_

**\*If you have answered yes to any of the above questions, you must keep your child home.**

**\*\*Please print and return this signed for on arrival at school on Monday morning, December 7.**

