

**St. Elizabeth Ann Seton Parish
In-Person Class Participation Health Check Form**

Parents/Guardians, kindly complete this health check form for your child prior to each in-person Faith Formation or Confirmation class/activity. This sheet must be submitted to your child's teacher at EACH class/activity.

Student Name: _____

Student temperature prior to class (within 15 minutes before departure): _____

Does the student live in the same household as or has the student had close contact with someone who, in the last 14 days, has been in isolation for COVID-19 or had a test confirming the virus? *Please circle: Yes / No*

Has the student exhibited any of the following symptoms within the last 24 hours? *Please circle.*

Fever: Yes / No	Cough: Yes / No
Difficulty Breathing/Chest Tightness: 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/Vomiting: Yes / No

If you have answered yes to any of the above (without an alternate diagnosis) or if the student's temperature reads over 100 degrees, please do not send your child to in-person class. Make-up arrangements will be available. If your child tests positive for COVID-19 after attending in-person class, please notify the Faith Formation or Confirmation coordinator immediately. Any student who contracts COVID-19 should not attend in-person classes until the child tests negative AND has been symptom free for at least three days.

Many thanks for your partnership in keeping our parish family safe and healthy.

I certify, to the best of my knowledge, that the above information is accurate.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature