



MLSD Daily COVID Self Assessment/Questionnaire

Name:

School Building:

Date:

QUESTIONS	Yes	No
Question #1: Are you, your child or anyone in your household experiencing any NEW (within 24-48 hours) or sudden symptoms of cough, shortness of breath or difficulty breathing, sore throat, loss of taste or smell, muscle aches, headache, fever or vomiting/diarrhea?) that not are not related to chronic conditions such as allergies or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Question #2: Have you, your child or anyone in your household been in close proximity (6 feet for 10 minutes or more) of a person with confirmed COVID-19 in the last 14 days? *This excludes those household members working as healthcare providers who may come in contact with COVID 19 patients while in PPE.*	<input type="checkbox"/>	<input type="checkbox"/>
Question #3: Have you, your child or anyone in your household been tested for COVID-19 due to exhibiting COVID-19 symptoms or potential exposure to COVID-19 and are waiting to receive test results? (This excludes COVID-19 testing required for elective based surgery). If yes, do NOT bring your child or children to school. Contact your school nurse or building principal immediately.	<input type="checkbox"/>	<input type="checkbox"/>
Question #4: In the past 14 days, have you, your child or anyone in your household traveled outside of the United States or to any travel restricted state and remained there for greater than 48 hours? (Please note only those people traveling to the restricted state are advised to quarantine. Business travel is exempt from quarantine. And only the person traveling needs to quarantine from their household members.)	<input type="checkbox"/>	<input type="checkbox"/>