

Coronavirus (COVID-19) Annsworth Academy Entry Screening Questionnaire

Name: _____ Date: _____

Child's Name: _____

_____ I am completing this form on behalf of my child.

Entry into the building beyond the front office will be limited. Before entry into the building beyond the front office, all persons, children and adults, are required to complete this questionnaire, will have their temperature taken, sanitize their shoes, and wash their hands. Anyone with a temperature of 100 degrees or higher will be denied entry.

Any person who meets (answers yes to) any of the following criteria will be denied entry according to CDC guidelines or until the person presents a letter from their physician stating that they are symptom free and not contagious:

Yes No Signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever.

Yes No A temperature of 100° F or above in the last 14 days. Date of temperature: _____

Yes No In the previous 14 days, any contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness. Date of contact: _____

Yes No In the previous 14 days, has traveled internationally to countries or domestically to states or counties with widespread, sustained community transmission. Date of return from travel: _____

I understand that these policy changes are in place until further notice and that failure to follow these measures or knowingly providing false information could result in dismissal from the program.

Signature: _____

Office Use:

Entry beyond front office allowed: _____ (Signature/initials of staff member) Date: _____ Time: _____

Temperature: _____ Documentation from doctor received: _____ Date of documentation: _____

Comments:

Revised 5-26-20

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