



Student Pre-Screening Questionnaire  
Please complete all questions including child(ren) temperature

- Email address: \_\_\_\_\_; \_\_\_\_\_  
Primary (mms) Secondary
- Today's Date (Month, Day, Year): \_\_\_\_\_
- Student's full name (as written on registration /re-enrollment form):

1<sup>st</sup> Child \_\_\_\_\_

- Are you (student) experiencing any one (1) of the following symptom. If no symptoms, check **NONE**.
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - New olfactory (smell) disorder
  - New taste disorder
  - None of the following apply at this time.**
- Are you (student) experiencing two (2) of the following symptoms. If no symptoms, check **NONE**.
  - Fever( $\geq 100.4^{\circ}\text{F}$  oral or equivalent) **Record temperature here** \_\_\_\_\_  $^{\circ}\text{F}/^{\circ}\text{C}$
  - Chills
  - Rigors (shivering or shaking)
  - Myalgia (muscle pain)
  - Headache
  - Sore throat
  - Nausea or vomiting
  - Diarrhea
  - Fatigue
  - Congestion or runny nose
  - None of the following apply at this time**

2<sup>nd</sup> Child (if applicable) \_\_\_\_\_

- Are you (student) experiencing any one (1) of the following symptom. If no symptoms, check **NONE**.
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - New olfactory (smell) disorder
  - New taste disorder
  - None of the following apply at this time.**
- Are you (student) experiencing two (2) of the following symptom. If no symptoms, check **NONE**.
  - Fever( $\geq 100.4^{\circ}\text{F}$  oral or equivalent) **Record temperature here** \_\_\_\_\_  $^{\circ}\text{F}/^{\circ}\text{C}$



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- b.  Chills
- c.  Rigors (shivering or shaking)
- d.  Myalgia (muscle pain)
- e.  Headache
- f.  Sore throat
- g.  Nausea or vomiting
- h.  Diarrhea
- i.  Fatigue
- j.  Congestion or runny nose
- k.  **None of the following apply at this time**

3<sup>rd</sup> Child (if applicable) \_\_\_\_\_

- l. Are you (student) experiencing any one (1) of the following symptom. If no symptoms, check **NONE**.
  - m.  Cough
  - n.  Shortness of breath
  - o.  Difficulty breathing
  - p.  New olfactory (smell) disorder
  - q.  New taste disorder
  - r.  **None of the following apply at this time.**
- Are you (student) experiencing two (2) of the following symptoms. If no symptoms, check **NONE**.
  - a.  Fever( $\geq 100.4^{\circ}\text{F}$  oral or equivalent) **Record temperature here** \_\_\_\_\_  $^{\circ}\text{F}/^{\circ}\text{C}$
  - b.  Chills
  - c.  Rigors (shivering or shaking)
  - d.  Myalgia (muscle pain)
  - e.  Headache
  - f.  Sore throat
  - g.  Nausea or vomiting
  - h.  Diarrhea
  - i.  Fatigue
  - j.  Congestion or runny nose
  - k.  **None of the following apply at this time**
- Have you engaged in travel outside PA? If you check YES, please indicate which state you have visited
  - YES \_\_\_\_\_
  - NO