



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):

1st 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**

2nd 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**

3rd 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