



Daily Health Screening Questionnaire Updated August 26, 2022

The CDC defines a close contact (family member, relative, friend, coach, therapist, babysitter, neighbor, etc.) as someone who was within 6 feet of a person ill with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

If your child has been exposed to COVID-19, it may spread to other children and staff members. You are required to answer the following questions prior to drop-off each day. If you answer **YES** to one or more of these questions, you may be asked to keep your child(ren) home. Initialing the classroom sign-in sheet during drop-off signifies that you are answering **NO** to all the questions below.

1. Within the last 5 days, has your ADS student tested positive for COVID-19 or any other communicable disease?

Yes _____ No _____

2. Within the last 5 days, has your ADS student been asked to quarantine by any medical provider or a local, state, or federal entity?

Yes _____ No _____

3. Is your ADS student currently exhibiting any of these symptoms:

• A fever (defined as above 99.4 degrees)?	Yes _____	No _____
• A new cough?	Yes _____	No _____
• Shortness of breath and/or trouble breathing?	Yes _____	No _____
• Persistent pain or tightness in the chest?	Yes _____	No _____
• Sore throat?	Yes _____	No _____
• Headache, muscle pain and/or chills?	Yes _____	No _____
• Loss of taste or smell?	Yes _____	No _____
• Diarrhea?	Yes _____	No _____
• Nausea or Vomiting?	Yes _____	No _____
• Unusual Fatigue or Lethargy?	Yes _____	No _____

If your child exhibits any symptoms of illness while in our care, they will be isolated and you will be asked to pick up your child within 30 minutes of being contacted. The school's ability to remain open for face-to-face instruction is directly affected by whether families follow our current health protocols. If you suspect that your child(ren) may be showing signs of any of the above symptoms, please keep them home and email ADS for next steps.

Student Name

Parent Signature

Parent Signature

Date