

**St. Joseph Regional Catholic School
Student Check-In Questionnaire**

To protect our school community, we require each family fill this form out daily and return it at drop off at the end of each week. We will be checking it daily, so please have this form with you in your car at drop off. A new form will be provided at the end of each week for the following one. If you lose or misplace it, you can print it out from our school website. If the form is not returned, the student will not be admitted to school the following week.

Child's Name: _____

Week of: _____

All questions below should be answered in the context of occurring within the past 14 days. Please answer by circling yes or no.

Have you had close contact with someone with a confirmed or suspected diagnosis of Covid-19?

M	T	W	TH	F
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Does your child have any of the following symptoms: fever above 100F, cough, shortness of breath, sore throat?

M	T	W	TH	F
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Has your child complained of nausea, diarrhea, headache, severe unexplained fatigue, new muscle aches, or noticed marks/discoloration on their toes, feet?

M	T	W	TH	F
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Have you travelled internationally or outside of New England ?

M	T	W	TH	F
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Temperature (F)

M	T	W	TH	F
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Parent/Guardian Signature: _____