

HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT

DAILY HEALTH QUESTIONNAIRE

All students, staff and authorized visitors entering district buses or buildings must complete this questionnaire prior to entry each day. Parents must ensure that their children complete this form, or complete it for them, prior to entering a district bus or building.

Please check **YES** or **NO** as applicable for each question:

Question:	YES	NO
Do you currently have a fever of 100.0 or higher?		
Are you currently experiencing any symptoms related to COVID-19? Symptoms include cough, shortness of breath, or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.		
Have you tested positive for COVID-19 in the past 14 calendar days?		
Have you had close contact (within 6 feet for at least 10 minutes) with an individual with a confirmed case of COVID-19 in the past 14 calendar days?		
In the past 14 calendar days, have you been requested/directed to self-quarantine or self-isolate by a medical professional or local public health official?		
Have you traveled to a State on the NYS Travel Advisory list in the last 14 days?		

If you answer "YES" to any of the questions noted above, please do not enter a District bus or building. If you are on the premises, do not come into contact with anyone else, report to a Nurse's Office if possible, and, if you are an employee, contact your direct supervisor as soon as possible. Visitors responding "YES" to any of the above will not be permitted to enter District buildings.

If there is any change in your condition at any time you are on the premises, it is your responsibility to inform school or district staff.

Building Entering: _____ Date: _____

Name (Print): _____ Circle One: Student Staff Visitor