

HEALTH QUESTIONNAIRE

PRIOR TO THE START OF LESSONS

In the past two weeks:

- I have not tested positive for COVID-19
- I have not experienced any symptoms of COVID-19
(such as: high temperature, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, recent loss of taste or smell, nausea or vomiting, diarrhea, sore throat, congestion or runny nose)
- I have not been in close contact with anyone who has tested positive or had symptoms of COVID-19
- I have not traveled to any locations on the NY travel advisory list
- I have not been in gatherings larger than prescribed by New York state guidelines

I agree to:

- immediately inform Sean Tuohy if I experience symptoms or test positive for COVID-19 within the next two weeks
- follow all posted lesson guidelines to keep myself and others safe

S T U D E N T O R P A R E N T / G U A R D I A N

NAME (PRINT) _____

NAME (SIGN) _____

DATE _____