Revised 10/22/20

VCSD Daily Screening Questionnaire

All staff and students will be screened prior to entering any VCSD building. Only those identified as CLEARED will be permitted to enter the building.

Name: _____ Today's Date: _____

School Building or Department* _____ Grade* _____

*if applicable

Today:	CHECK ONE	
Was your daily temperature check OVER 100°F?	☐ Yes	☐ No
Have you experienced one or more of these symptoms, new or worsening, and not related to chronic health conditions? These can include the following: • Temperature greater than or equal to 100.0° F • Feel feverish or have chills • Cough • Loss of taste or smell • Fatigue/feeling of tiredness • Sore throat • Shortness of breath or trouble breathing • Nausea, vomiting, diarrhea • Muscle pain or body aches • Headaches • Nasal congestion/runny nose Source: NYSDOH Pre-K to Gr 12 COVID-19 Toolkit, September 2020	☐ Yes	☐ No

In the past 10 days, have you:	CHECK ONE	
Tested positive for COVID-19?	☐ Yes	☐ No

In the past 14 days, have you:	CHECK ONE	
Been designated a contact of a person who tested positive for COVID-19 by a local health department?	☐ Yes	☐ No
Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York Travel Advisory?	☐ Yes	☐ No

Today's results:	CHECK ONE
If you answered YES to ***ANY*** of the above questions you are:	☐ *NOT CLEARED*
If you answered NO to ***ALL*** of the above questions you are:	☐ *CLEARED*

Signature: _____

Signature of Parent/Guardian if under 18 years _____