Revised 2/09/21

VCSD Daily Screening Questionnaire

All staff and visitors 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/Department:* _____ Grade:* _____

* If Applicable

Today:	CHECK ONE	
Was your daily temperature check OVER 100°F?	☐ Yes	☐ No

In the past 10 days, have you	CHECK ONE	
Tested positive for COVID-19?	☐ Yes	☐ No
Have you experienced one or more of these symptoms, new or worsening, and not related to a chronic health condition? 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 or diarrhea • Muscle pain or body aches • Headaches • Nasal congestion / runny nose Source: NYS Dept. of Health Pre-K to Gr. 12 COVID-19 Toolkit, February 2021	☐ Yes	☐ No
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 _____