

# **CHOICE ACADEMY COVID QUESTIONNAIRE**

## **Student**

First Name

Last Name

**\*\*I certify that all questions on this form will be valid every day I send my child to school at Choice Academy. I promise to notify Choice Academy if any of the following questions have changed and will also keep my child home if my child has any symptoms of illness. I realize that my child can still connect with the teacher virtually and check in to do work and still be counted present if all guidelines are met. I agree that my child will have their temperature taken every morning upon arrival at school (until COVID guidelines are lifted) and if there is a fever present, I will make arrangements to pick up my child as soon as possible.**

**Date Signing Form:**

**Parent or Guardian, Printed Name:**

**Parent or Guardian, Signature:**

## **DAILY QUESTIONS – MUST ANSWER NO TO ALL QUESTIONS**

- **Do you/they have fever or have you/they felt hot or feverish recently (14–21 days)?**
- **Are you/they having shortness of breath or other difficulties breathing?**
- **Do you/they have a cough?**
- **Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?**
- **Have you/they experienced recent loss of taste or smell?**
- **Are you/they in contact with any confirmed COVID-19 positive person?**
- **Is your/their age over 60?**
- **Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?**
- **Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)**
- **Additional comments:**