

Daily Screening Questionnaire for Worcester Prep Students, Faculty and Staff

IMPORTANT: This screening is to be completed daily. If you answer yes to any of the questions below, do not send your student to school, or come to work, and follow the instructions below.

For infection control purposes, please answer a few questions about your child/student.	
<p>Have you developed ONE of the following symptoms of COVID-19 infection in the last (10) days?</p> <ul style="list-style-type: none"> • Cough • Shortness of breath or difficulty breathing • New loss of taste or smell <p style="text-align: center;"><u>OR</u></p> <p>Have you developed AT LEAST TWO of the following symptoms of COVID-19 infection in the last (10) days?</p> <ul style="list-style-type: none"> • Fever > 100° F • Chills or shaking chills • Muscle aches • Sore throat • Headache • Nausea or vomiting • Diarrhea • Fatigue • Congestion or runny nose 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, discontinue questions, quarantine, and contact your student's physician, or the faculty/staff member's physician, for further guidance.</p>
<p>Has the student, (or faculty/staff member) or household member had a positive test for COVID-19 infection within the past ten (10) days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, discontinue questions, quarantine and contact your school nurse.</p>
<p>Within the last ten (10) days, has the student (or faculty/staff member) been within six (6) feet for longer than 15 minutes with someone who has suspected or confirmed COVID-19 infection, WITHOUT taking proper precautions like wearing a mask and frequently washing your hands during this contact period?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



An individual who answers **YES** to **ANY** question on the Screening Questionnaire **OR** refuses to participate in the screening process **will** be denied access to the WPS school or office.

Name of Student/ Faculty/Staff Member _____

Access Determination Approved Denied