

Child(ren)'s Last Name _____

Classroom(s) _____

YES

NO

1. Is anyone in your household exhibiting any COVID symptoms?

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2. Have you had close contact with anyone who is currently positive for COVID or is in the process of being tested for COVID in the last 10 days?

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Close contact as defined by the CDC is "being within 6 feet of a person for a cumulative total of 15 minutes in a 24-hour period."

3. Have you traveled internationally or domestically to areas with widespread transmission in the last 10 days?

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