

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?

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.”

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

Date: _____ Signature: _____

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