

# Health Screening Form



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

- 1) Is the child/person entering the building currently experiencing, or has experienced in the past 10 days, any of the following symptoms:

- |   |                            |
|---|----------------------------|
| - Fever of 100.0F/37.8C or more               | - Headache                 |
| - Chills                                      | - Muscle or body aches     |
| - Cough                                       | - Fatigue                  |
| - Shortness of breath or difficulty breathing | - Sore throat              |
| - New loss of taste or smell                  | - Congestion or runny nose |
| - Nausea or vomiting                          | - Diarrhea                 |

☐ No ☐ Yes

- 2) Has the child/person entering the building had a positive COVID-19 test in the last 14 days or are presently waiting for the results of a COVID-19 test?

☐ No ☐ Yes

- 3) Has the child/person entering the building, or a sibling also attending GISNY, had close contact with a confirmed or suspected case of COVID-19 case in the last 14 days?

☐ No ☐ Yes

- 4) Has your child/person entering the building traveled outside New York in the past 14 days and is therefore subject to New York's quarantine restrictions?

(<https://www.governor.ny.gov/news/no-2052-quarantine-restrictions-travelers-arriving-new-york>)

**NOTE:** All persons entering the building who elect to "test out" of the 10-day quarantine requirement, will be required to submit their pre- and post-travel COVID test results before being cleared to enter the school.

☐ No ☐ Yes

- 5) Since last coming to school, has your child/the person entering the building had a COVID test without having had symptoms (Asymptomatic/Surveillance Screening)? **Please note that the answer to this question will not be included in your overall point for this survey.**

☐ No ☐ Yes

- 6) **\*\*\* ONLY FOR NEW STUDENTS OR STUDENTS TRANSITIONING FROM REMOTE TO IN-PERSON LEARNING \*\*\***

Have you submitted a NEGATIVE COVID-19 PCR test result to GISNY administered no sooner than 6 days before the return to in-person school date?

☐ No ☐ Yes

Signature: \_\_\_\_\_  
Parent/Legal Guardian/Student over 18