

ENHANCED REMOTE LEARNING STUDENT/FAMILY COVID-19 SCREENING QUESTIONNAIRE

In response to the Coronavirus (COVID-19) outbreak and the on-going pandemic alert, we are asking for your cooperation with reviewing the below questionnaire each day prior to staff coming to your home for enhanced remote learning.

Schools prior to staff coming to your home for enhanced remote learning.							
SECTION 1: EXPOSURE							
In past 14 days, has the student or anyone in the household:							
Had prolonged contact (<i>within 6ft for 15 min or more</i>) with someone who has tested positive for COVID-19?							
Traveled outside the United States by air or cruise ship or to an area within the United States identified as high-risk by the CDC or Dept of Health?							
If you answered Yes to any questions in Section 1, enhanced remote learning will need to cease until the							
student/family completes a 14 day quarantine period to ensure no symptoms appear. Please contact the							
school to discuss if other instructional models are available, i.e. basic virtual learning.							
SECTION 2: SYMPTOMS							
Does the student or anyone in the household curre		toms:					
Group A: 1 or more symptoms	Group B: 2 or more symptoms						
New uncontrolled cough Shortness of breath	Fever over 100°						
Difficulty Breathing	\mathcal{E}						
Loss of smell							
Loss of taste Sore throat							
Diarrhea, abdominal pains, or vom		iting					
	Fatigue	C					
Congestion or runny nose							
Enhanced Remote Learning should be cancelled if the ☐ Has one or more symptoms in Group A OR ☐ Has two or more symptoms in Group B OR ☐ Has only diarrhea or vomiting (existing New S ☐ Has only a fever (existing New Story policy)	·						
Student/Family need to quarantine for 10 days from symptom onset if presenting with one or more symptoms from Group A OR two or more symptoms from Group B, if symptoms are not because of a pre-existing medical condition.							
Enhanced Remote Learning can resume if: ☑ It has been 10 days from symptom onset AND at least 24 hours fever free OR ☑ Cleared by a medical doctor or health care provider and fever free for 24 hours OR ☑ Has received a negative test AND at least 24 hours fever free AND improved symptoms							
SECTION 3: POSITIVE TEST							
If the student or anyone in the household has been	diagnosed with COVID-19,	Yes	No				
return is based on the following: • 10 days since symptoms first appeared							
• 10 days since symptoms first appeared							
24 hours with no fever without the use of fever-reducing medications							
Other symptoms of COVID-19 are improving							
• If asymptomatic, 10 days since positive test □							
If you answered Yes to all questions in Section 3 Enl	nanced Remote Learning can resume						