

Has your child or anyone in your household experienced any of these symptoms?

Yes or No

- ❖ Fever or chills
- ❖ Cough
- ❖ Shortness of breath or difficulty breathing
- ❖ Fatigue
- ❖ Muscle or body aches
- ❖ Headache
- ❖ New loss of taste or smell
- ❖ Sore throat
- ❖ Congestion or runny nose
- ❖ Nausea or vomiting
- ❖ Diarrhea

Have you or anyone in your household

- ❖ Returned from international travel in the past 14 days? Yes or No
- ❖ Been exposed to anyone diagnosed or suspected of having COVID19? Yes or No