

SAINT MARY'S SCHOOL

COVID – 19 Screening Form

We are currently screening persons coming to our campus. Please complete the information below:

Name:	Phone Number: (mobile/home)
Reason for visit:	School Contact:
Self-Declaration for Campus Entry/Re-Entry	
1.**	Have you traveled internationally in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.**	Have you been in close contact with anyone who has traveled internationally in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.**	Have you had close contact with or cared for someone who has been quarantined for COVID-19 or diagnosed with COVID –19 (coronavirus) in the last 30 Days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.**	Have you visited a health care facility where people with COVID- 19 are being cared for or treated? (Hospital, walk-in clinic, emergency room, nursing home) Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
5.**	Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.*	In the past 14 days have you been around anyone who has had cold or flu-like symptoms (fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.*	Have you traveled domestically by air or train in the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain where, including airport layovers:
8.	Have you traveled to a location other than your primary residence and stayed overnight there in the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please describe where you have been, how you traveled, and if you attended any gatherings or events of more than 10 people.

If the answer is “yes” to any of these questions, access to our campus or certain facilities may be denied.

Signature: _____ Date: _____