



WRVSU Daily Health Questionnaire for Students

Students Name:

Date:

1. Have you had exposure to a person who has COVID-19 within the last 14 days?

Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days. Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.

___ Yes (Please stay home and follow up with school nurse) ___ No

2. In the past 14 days have you traveled outside our local region to an area that the state of Vermont requires a quarantine upon return?

___ Yes (Please stay home and follow up with school nurse) ___ No

3. Please circle if you have any of the following COVID-19 Symptoms?

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater) Temperature: _____
- Shortness of breath
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Recent loss of taste or smell
- Congestion or runny nose
- Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools compared to child's normal pattern)

If you have answered YES to any of these symptoms please stay home and contact the school nurse.

4. Have you received any fever reducing medications, Tylenol, Ibuprofen, etc., within the last 24 hours?

___ Yes (Please explain why) ___ No

If medication was taken/is routinely taken for known health conditions such as injury, migraine, menses discomfort, asthma, allergies then students may come to school. Please provide MD documentation of any migraine, asthma, allergy diagnoses or other chronic conditions. Staff and students must be free of fever without taking medication for a period of 24 hours before returning to school.