



## Student Daily Health Screening Questionnaire

Please review all questions and report responses to Abilities prior to your student reporting to school each day:

### Screening Questions:

1. Has your student had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
2. Has your student had a COVID-19 test in the past 14 days?
3. In the past 14 days, has your student had any COVID-19 symptoms that are not attributed to another condition? Examples include but are not limited to cough, shortness of breath or difficulty breathing, fever or chills, muscle or body aches, headache, new loss of taste or smell, and/or sore throat.

If you answered YES to one or more of the above questions, your student will not be permitted to attend school. You should consult with a health care provider for assessment as doctor's note will be required before your student may return to Abilities.

### Travel Question:

4. Has your student traveled outside of New York to a location listed on the Travel Advisory Restricted States list in the past 14 days?

If you answered YES to question 4, your student will not be permitted to attend school and must quarantine. Documentation will be required indicating the quarantine period. You may contact a health care provider or local health department for your county.

If you answered NO to the screening questions 1-3, and your student did not travel to a state listed on the NY Travel Advisory Restricted States list, your student may report to school at Abilities. Students must also meet the temperature screening guidelines upon arrival to attend school. If a reading of 100.0 degrees Fahrenheit or higher is recorded, your student will not be authorized to attend class.