

Screening for COVID-19 Symptoms/Exposure

Daily Health Screening Questionnaire

1. In the past 10 days, have you received a lab-confirmed positive result from a COVID-19 diagnostic test?
2. In the past 10 days, have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, a new cough, new loss of taste or smell or shortness of breath?
3. In the past 10 days, have you been designated a close contact of a person who tested positive for COVID-19 by a local health department AND you do not meet the quarantine exemptions due to vaccination status or recent COVID-19 diagnosis?



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