

Morrisville-Eaton Central School District

Daily COVID-19 Questionnaire

Date: _____

Student's First & Last Name: _____

In the last 24-hours, has your child developed any symptoms that are not related to a known medical condition?

Please check all that apply

- Fever or chills (100°F or greater)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss or taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting and/or diarrhea

Has your child:

Please check all that apply

- Knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive or has or had COVID-19?
- Tested positive for COVID-19 in the past 14 days?
- Traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the past 14 days?

If you checked any of the items above, please do not send your child to school. Contact a medical provider or call the COVID Hotline at 1-888-364-3065, then call your child's building health office.

Parent/Guardian's Signature