



Student Name: _____ **Date:** _____ **Time:** _____

1.	What is your child's temperature this morning?	_____ F
2.	Is the temperature you recorded greater than 100.0F?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	In the last 24 hours, has your child had a fever of 100.0F?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	In the last 24 hours, has your child experienced any shortness of breath, a new uncontrolled cough, or a new onset of severe headache?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	In the last 24 hours, has your child experienced a sore throat, congestion, abdominal pain, or loss of appetite?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	In the last 24 hours, has your child experienced any nausea, vomiting, diarrhea, and/or new loss of taste or smell?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	In the last 24 hours, has your child experienced any muscle/body aches and/or fatigue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you or do you plan to administer medication to your child in order to reduce a fever before arriving at school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Has your child or an immediate family member visited any of the (most current) high risk states and/or countries in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Has your child been in close contact (within 6 feet or less, for more than 15 minutes, over a 24-hour timeframe) in the last 14 days with a person who has tested positive for COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Does your child have a sibling (or Aidan employee parent) who has been instructed by this app to stay home today?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Does your child have any preexisting conditions or a doctor's note that would make you select 'yes' to any of the above questions that we already, or should be, aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to any of the questions above except #12, then please do not come to school.