

# Health Screening and Questionnaire

## MEMORANDUM

Dear Parents/Guardians:

As a reminder to all of our families, you are **required** to conduct the [COVID-19 Health Questionnaire](#) daily (which is provided below.) If your child has any COVID type symptoms, please keep them at home and contact our Health Center at 836-7200 ext. 8512. If no one answers, please leave a message that includes your child's name and grade, along with the phone number we can reach you at. You will receive a call back shortly.

**The following are the Screening Questionnaire questions that should be reviewed prior to sending your child to school each day:**

1. Is their temperature 100°F / 38°C or greater today?
2. Have they experienced symptoms of COVID-19, such as fever (temperature of 100°F / 38°C or above) or chills, muscle or body aches, cough, shortness of breath or difficulty breathing, fatigue, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste and/or smell in the past 10 days?  
\*\*Please answer "yes" only if they are experiencing a new onset of symptoms OR they are experiencing a change in symptoms from their baseline if they have a known preexisting medical condition (e.g. asthma, allergies)
3. Have they or anyone in their immediate family tested positive for COVID-19 in the past 10 days
4. Have they had contact with anyone confirmed or suspected of having COVID-19 in the past 10 days?

As our partners in education, we want to thank you for your continued diligence in monitoring your child's health on a daily basis. Should you have questions regarding the procedure for what to do should your child present with any one or more of the symptoms stated above, please do not hesitate to reach out to our Health Center to speak with a nurse (716) 836-7200 ext. 8512.

Cordially,

Miss Sherman  
Director of Student/Staff Health & Safety  
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(716) 836-7200 ext. 8535

