

BTBJ RELIGIOUS SCHOOL DAILY SCREENING FORM

PARENT NAME _____

CHILD 1 NAME _____

CHILD 2 NAME _____

	Parent Input	Child 1 Input	Child 2 Input
Do you have fever or have you/they felt hot or feverish recently (14-21 days)? If answer is yes, please do not enter building – call administrator.	___Yes ___No	___Yes ___No	___Yes ___No
Are you having shortness of breath or other difficulties breathing? If answer is yes, please do not enter building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
Do you have a cough? If answer is yes, please do not enter building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? If answer is yes, please do not enter building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
Have you experienced recent loss of taste or smell? If answer is yes, please do not enter building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
Are you in contact with any confirmed COVID-19 positive patients? If answer is yes, please do not enter the building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location) If the answer is yes, please do not enter the building – call administrator	___Yes ___No	___Yes ___No	___Yes ___No
If your temperature is 100.4 or higher, please do not enter the building – call administrator	Temp_____	Temp_____	Temp_____

If your answer is yes to any of the above question, please call Rabbi Roni Handler and do not enter the building or drop your child off at religious school. Thank you.

PARENT SIGNATURE _____ DATE _____