THE CAMPUS LABORATORY SCHOOL *of Carlow University*

COVID-19 Screening Questions

Date: _____

Student Name: _____

Temperature: _____

Students and staff should stay home if:

- Student has engaged in travel to an area designated by PA as being a hotspot in the last 14 days
  PA Travel Restriction List
- Have one or more symptoms in group A
- Have two or more symptoms in group B
- Are taking medication for the purpose of reducing fever (acetaminophen, ibuprofen, etc).

Symptom A List	Yes	No
Over the past 10 days have you been known to have or suspected to have contact with CoVID-19 patients	☐	☐
Is your CURRENT temperature equal to or greater than 100.0 °F?	☐	☐
Cough	☐	☐
Shortness of breath	☐	☐
Difficulty breathing	☐	☐
New olfactory disorder	☐	☐
New taste disorder	☐	☐
Symptom B List	**Yes**	**No**
Chills	☐	☐
Headache	☐	☐
Sore throat	☐	☐
Nausea or vomiting	☐	☐
Diarrhea	☐	☐
Fatigue	☐	☐
Congestion or runny nose	☐	☐

This guidance is from the PA Department of Education

I acknowledge that the information I have provided is accurate and agree to comply with the safety protocols provided by The Campus Laboratory School.

Parent Signature: _____