



Building Entry Screening Questionnaire for Students

The following questions should be answered by a responsible student or guardian prior to admitting the student into school each day.

Name of student: _____

Since last in school, have you (if student)/your child (if parent) had any of the following symptoms?

- Cough?
- Shortness of breath
- Difficulty breathing?
- New loss of taste or smell?
- Fever of 100.4 degrees or higher?
- Chills or shaking chills?
- Muscle aches?
- Headache?
- Sore throat?
- Nausea or vomiting?
- Diarrhea?
- Fatigue?
- Congestion or runny nose?

Yes or No

Since last in school, are you (if student)/your child (if parent) waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

Yes or No

In the last 14 days, have you (if student)/your child (if parent) had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

Yes or No

In the last 10 days, have you (if student)/your child (if parent) traveled outside of the Maryland region?

Yes or No

If you marked YES to a survey question, you are not permitted in the building. Please contact your School Nurse or Principal for more information. Thank you.

Date of survey: _____

Time of survey: _____