COVID-19 SCREENING QUESTIONNAIRE

Student Name _____ Date _____

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our students, New Horizon School Westside is conducting a screening prior to students' return to campus. Please answer the questions truthfully and accurately. The information you provide will be reviewed by the school Administration. All your responses will remain confidential

Please submit this questionnaire to info@nhsw.org . Thank you for your time.

QUESTIONS	YES/NO	DETAILS
In the last 14 days has the student experienced any of the following symptoms: fever, cough, chills, body aches, loss of taste, loss of smell, diarrhea, and vomiting? If yes, what were the symptoms, date start, and date resolved.		
In the last 14 days, has the student or a member of their household been part of a gathering of people from more than 3 households?		
Has the student been tested for COVID19? If yes, provide the date and the result of the test.		
Has the student or a member of their household been in close proximity (within 6 feet for more than 15 minutes) to any individual who tested positive for COVID-19, presumed positive, and/or, who is quarantining the last 14 days. If yes, please indicate the date of exposure.		
Has the student or a member of their household traveled elsewhere in the U.S. in the last 14 days? If yes, what city, state and dates? Please indicate if travel was by car or airplane.		
Has the student or a member of their household traveled outside of the country in the last 14 days? If yes, what city, country, and dates of travel?		

*If there are changes to the answers to any of the questions after submission, please email the office at info@nhsw.org