**MANDATORY QUESTIONNAIRE**

To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your child and everyone at the school.

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Student Name

Please circle the appropriate answers.

1. Has your child been diagnosed with COVID-19 within the last 30 days?

YES NO

1. Have you or anyone in the household where your child resides been diagnosed with COVID-19 in the last 30 days?

YES NO

1. Has your child or anyone in the household where your child resides been exposed to an individual(s) diagnosed with COVID-19?

YES NO

1. Has your child or anyone in the household where your child resides been in physical contact with an individual suspected of exposure to Covid-19?

YES NO

1. Does your child have pre-existing health conditions that would make him/her more vulnerable if exposed to Covid-19?

If so, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child experienced any of the symptoms below in the last 14 days?

Fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell. (Please indicate symptom(s) experience by circling)

YES NO

1. If my child develops any of the above symptoms, I will keep them home, immediately notify (school) and seek medical care. Before my child returns to school I will obtain a physician’s note stating it is safe for my child to resume participation on school premises.

YES NO

**Important Note:**

If the answer is “yes” to any of the questions listed at 1 thru 6, school attendance and participation in activities will be denied until a physician’s note is delivered to Unique Christian Learning Academy advising that the Child is healthy and fit to resume attendance at school.

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Parent Signature Date