



Health & Safety Coach initials _____ Temp. _____ Temp. _____ Temp. _____ Temp. _____

This questionnaire created by Loudoun County Public Schools in accordance with CDC regulations is required to be completed daily by a parent/guardian for every child prior to arrival to the suites or pods scheduled that day. Additionally we will review questions upon arrival and keep a copy on file. You do not need to bring this copy.

Answer “YES” or “NO” Have you had any of the following?

1. A new fever (100.4°F or higher) or a sense of having a fever?
Answer: YES _____ NO _____

Has medication been taken to reduce a fever within the last 24 hours?
Answer: YES _____ NO _____
2. A new cough that you cannot attribute to another health condition?
Answer: YES _____ NO _____
3. New shortness of breath that you cannot attribute to another health condition?
Answer: YES _____ NO _____
4. A new sore throat that you cannot attribute to another health condition?
Answer: YES _____ NO _____
5. New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
Answer: YES _____ NO _____
6. A New onset of loss of sense of taste or smell?
Answer: YES _____ NO _____
7. Nausea or Vomiting?
Answer: YES _____ NO _____
8. Diarrhea?
Answer: YES _____ NO _____
9. Congestion or runny nose?
Answer: YES _____ NO _____
10. Have you been around someone who is sick?
Answer: YES _____ NO _____
11. Have you been around someone who has tested positive for COVID-19?
Answer: YES _____ NO _____

If you answered “YES” to any of the questions above:

- DO NOT attend workshops or classes
 - Call your medical provider for instructions if you have not already done so.
- Questions included in this document may be changed as the COVID-19 situation continues to evolve.