

Sample COVID-19 Screening Questionnaire

Before they are allowed to enter buildings, parents or guardians who drive or walk their children to school may be subject to temperature checks and required to answer COVID-19 screening questions:

- Do you have a fever (temperature over 100.4° F or 38° C) without having taken any fever-reducing medications?
- Do you have a loss of smell or taste?
- Do you have a cough?
- Do you have muscle aches?
- Do you have a sore throat?
- Do you have congestion or a runny nose?
- Do you have shortness of breath?
- Do you have chills?
- Do you have a headache?
- Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days?
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official in the last two weeks?