



Building Entry Screening Questionnaire for Students

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

Name of student: _____

Since last in school, has your child 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

If yes, which ones? _____



If yes, stop and call the school to determine if student is eligible to attend school today - 410-632-5370

Since last in school, is your child 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



If yes, stop and call the school immediately – 410-632-5370.

In the last 14 days, has your child 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



If yes, stop and call the school immediately – 410-632-5370.

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.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____