

DAILY SCREENING QUESTIONNAIRE

Name (print): _____

Date: _____

Signature: _____

Contact Phone Number: _____

- (1) Have you recently tested positive for COVID-19? YES _____ NO _____
- (2) Have you had any recent symptoms of undiagnosed fever, atypical cough, atypical shortness of breath, sore throat or diarrhea? YES _____ NO _____
- (3) Have you recently had close interaction with an individual who tested positive or is being treated for COVID-19? YES _____ NO _____
- (4) In the last fourteen (14) days, have you traveled outside the State of Michigan without following CDC guidelines for social distancing and wearing masks or have you traveled to countries with widespread ongoing transmission? YES _____ NO _____
- (5) Please record your temperature reading from today. Temperature _____

If you answered yes to question 1, access is denied until 14 days have passed and you have experienced at least 72 hours symptom free.

If you answered yes to questions 2, 3, 4, or 5 you may return to school by providing documentation of being cleared by a medical health care professional or you recently received a professionally-administered COVID-19 test with a negative result or 72 hours from end of symptoms. AACS follows Bay County Health Departments Guidelines.

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