



## Fillmore Central School

### COVID-19 Screening Questionnaire

- |  |     |    |
|--|-----|----|
| 1. Have you had exposure to anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19 in the past 14 days? | Yes | No |
| 2. Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  | Yes | No |
| 3. Have you experienced any symptoms of COVID-19, such as dry cough or fever above 100 degrees in the past 14 days?              | Yes | No |
| 4. Have you traveled internationally or from any States listed as New York State Travel Advisory States within the last 14 days? | Yes | No |
| 5. Is your temperature today above 100 degrees?  | Yes | No |

Name \_\_\_\_\_

Date \_\_\_\_\_



## Fillmore Central School

### COVID-19 Screening Questionnaire

- |  |     |    |
|--|-----|----|
| 6. Have you had exposure to anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19 in the past 14 days? | Yes | No |
| 7. Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?  | Yes | No |
| 8. Have you experienced any symptoms of COVID-19, such as dry cough or fever above 100 degrees in the past 14 days?              | Yes | No |
| 9. Have you traveled internationally or from any States listed as New York State Travel Advisory States within the last 14 days? | Yes | No |
| 10. Is your temperature today above 100 degrees?   | Yes | No |

Name \_\_\_\_\_

Date \_\_\_\_\_