ST. MARY'S SCHOOL FOR THE DEAF
STUDENT DAILY HEALTH SCREENING QUESTIONNAIRE

The health and safety of our students is our primary concern. All parents/guardians are required to ensure their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100.0 degrees or more prior to attending school in-person.

The student may only attend school in-person if all of the following statements are true:

1. I took the temperature of the below named student, and that the student’s temperature is less than 100.0° F.
2. Neither the student, nor anyone residing in the student’s household, currently has or had ANY of the following COVID-19 symptoms within the last 14 days:
   - Fever of 100.0° F or greater
   - Cough
   - Shortness of breath or difficulty breathing
   - Chills
   - Headache
   - Muscle or body aches
   - Sore throat
   - New loss of taste or smell
   - Gastrointestinal symptoms (nausea, vomiting or diarrhea)
   - Congestion or runny nose

*Note: Symptoms attributed to chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat and are not considered symptoms of COVID-19.

3. The student has not tested positive for COVID-19 within the last 14 days.
4. The student has not had close contact within the last 14 days with any individual who is a confirmed or suspected COVID-19 case.
5. The student is not subject to any quarantine requirements related to out-of-state travel, as provided for in New York State Executive Order 205.2 and New York State’s COVID-19 travel advisory (https://coronavirus.health.ny.gov/covid-19-travel-advisory).

I hereby certify that the above statements are ALL true. I also affirm that I must notify the school nurses if the student develops symptoms or if my answers to the questionnaire change at any time.

________________________  ________________________________
Student Name

________________________  ________________________________
Parent/Guardian Name        Parent/Guardian Signature

__________________________
Date

If you cannot certify these statements, you may not report to school in-person and you should contact a school nurse for further guidance at (716) 834-7200 Ext. 129 or infirmary@smsdk12.org.