Hebrew School Health Screening Questionnaire

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Please fill out the screening questionnaire each week and hand it to the Chabad Hebrew school staff upon arrival.

Student Name:		
Parent/Gaurdian signature		
Date:		
Has this student had:	(O) (O) /*	
A temperature 100 degrees F or higher without the use of fever reducing medications? YES NO		
A sore throat, congestion or runny nose not relato seasonal allergies? YES NO	ted	
A NEW uncontrolled cough (for students with chasthmatic cough, a change in their cough from by YES NO	-	ic
Difficulty breathing, diarrhea, vomiting or abdom	ninal pain?	
A NEW onset of severe headache, especially with YES NO	:h fever?	
Close contact (within 6 feet of an infected perso 15 minutes) with a personwith confirmed COVID-without a mask or have been in an area of high t COVID-19 within the last 2 weeks? YES NO	-19 with or	

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Student Name:	
Parent/Gaurdian signature	
Pate:	
Has this student had:	
A temperature 100 degrees F or higher	
without the use of fever reducing medications?	
☐ YES ☐ NO	
A sore throat, congestion or runny nose not related	
to seasonal allergies?	
YES	
U YES UNO	
A NEW uncontrolled cough (for students with chronic allergic	
asthmatic cough, a change in their cough from baseline)?	
astimate cough, a change in their cough nom baseline).	
L YES NO	
Difficulty breathing, diarrhea, vomiting or abdominal pain?	
L YES NO	
A NEW onset of severe headache, especially with fever?	
☐ YES ☐ NO	
Close contact (within 6 feet of an infected person for at least	
15 minutes) with a personwith confirmed COVID-19 with or without a mask or have been in an area of high transmission of	
COVID-19 within the last 2 weeks?	
YES NO	
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