St. Andrew's Episcopal School Visit Screening Questionnaire

Names (include all people in the car)

_____

_____

Date_____ Reason on campus_____

Have you or anyone in your household experienced any of the following symptoms:

Cough	Y	N
Shortness of Breath	Y	N
Difficulty Breathing	Y	N
Chills/Shaking	Y	N
Muscle Pain	Y	N
Sore Throat	Y	N
Headache	Y	N
Loss of Taste or Smell	Y	N
Feeling Feverish/Temp over 100F	Y	N

Have you or anyone in the household;
Had close contact with anyone who has tested positive for COVID19 in the last 14 days? Y N

tested positive for COVID 19/or cared for anyone who tested positive for COVID19 in the last 3 weeks? Y N

If you answered yes to any of these questions, please do not come to campus and contact our Director of Health Services, Amanda Boardman at aboardman@sasaustin.org.

While on campus please be sure to wear a mask at all times, even while in your car and only remove at designated photo spots. If entering any building, please use provided hand sanitizer upon entry and exit from the building.

_____ **(signature)**