



Montessori Community School CORONAVIRUS (COVID-19) SCREENING

The safety of our school staff, students, and families is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidelines of the Centers for Disease Control and Prevention and local health authorities.

In order to prevent the potential risk of exposure to the school staff, students, and families and to prevent the spread of the coronavirus, please answer the following questions **BEFORE ENTERING THE CLASSROOMS**.

**IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW,
DO NOT ENTER CLASSROOMS.**

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you, the school staff, our students, and their families. If you have any questions or concerns, please email or call Head of School Marjie Carroll.

SELF	MY CHILD(REN)	QUESTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment of your symptoms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you been tested for COVID-19 and are waiting to receive test results?
3. Are you currently experiencing, or have you experienced any of the following symptoms in the last 14 days?		
		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>SELF</u> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="text-align: center;"> <u>MY CHILD(REN)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
<ul style="list-style-type: none"> ● Fever of 100.4° F or higher ● Cough ● Shortness of breath or difficulty breathing ● Chills ● Fatigue ● Muscle or body aches ● Headache ● New loss of taste or smell ● Sore throat ● Congestion or runny nose ● Nausea, vomiting, or diarrhea 		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
IN THE PAST 14 DAYS, HAVE YOU OR YOUR CHILD(REN):		
SELF	MY CHILD(REN)	QUESTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Been in close contact to anyone who experienced any of the above symptoms or has experienced any of the above symptoms since your contact?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Been in close contact with anyone who has tested positive for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Been on a flight or traveled outside of the State of Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Been in close contact with anyone who has been on a flight or traveled outside of the State of Hawaii?