

Pine Valley Central School District **COVID-19 Family Questionnaire**

Elementary School Office: 716-988-3291 Junior-Senior High School Office: 716-988-3276 Elementary School Nurse: Ext. 3325 Junior-Senior High School Nurse: Ext. 4324

Thank you for taking your child's temperature and completing the daily COVID-19 Questionnaire.

Please answer Yes or No to the 3 questions below.

been fu	, .	·19, are at least 14	days out from t	test (rapid or PCR) within the last 90 days, OR 2) have he date they were fully vaccinated, and no more 90 question #1.
1.	Has your child been in close contact with anyone who has tested positive for COVID-19 in the past 14 days?			
		Yes	No	
2.	Has your child tested p	oositive for COVID Yes	0-19 in the pas No	st 14 days?
3.	Is your child experiencing any symptoms of COVID-19, such as: Fever ≥100°F or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; Loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea?			
	*Check "No" if the nature of the symptom (duration, intensity, etc.) is consistent with a pre-existing condition of which you are already aware that is not new, worsening, or different from its usual presentation. (i.e., seasonal allergies, asthma, sinus, tension or migraine headaches, inflammatory bowel syndrome, Crohn's Disease, Lactose Intolerance, Irritable Bowel Syndrome, or Chronic Fatigue Syndrome).			
		Yes	No	

If you answered YES to any of the questions above:

- 1. Keep your child home from school and contact the school nurse;
- 2. Call your family physician;
- 3. If your doctor recommends a quarantine, please contact the school nurse;
- 4. If your child tests positive for COVID-19, please contact the school nurse and/or building administrator;
- 5. Ensure your child is fever-free for 72 hours, without medication, before returning to school.

Last Update: 9/20/2021