

Name _____

Date _____



Entrance Questionnaire to St. James Catholic School Building

Due to Virginia State's emergency response to COVID-19, St. James Catholic School must guard against the spread of illness. Students, faculty and staff should use the following questions as a guide to determine if they should come to the school. Visitors should fill out and sign this form prior to being allowed in the building. A temperature check will also be performed at the front office.

If the individual responds NO to all questions in the following table, they may enter.

If the individual responds YES to any questions in the following table, they may NOT enter. It is recommended that the individual stays home until well. Students or staff who are absent or who are sent home with symptoms will require medical clearance prior to entering the campus. They should contact the school clinic for instructions.

Do you have any of the following symptoms now?

| Symptom | No | Yes |
|--|--------------------------|--------------------------|
| Temperature of 100.0°F or greater | <input type="checkbox"/> | <input type="checkbox"/> |
| Cough (new issue within the last 30 days; more than occasional) | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath (new issue; not a diagnosed medical issue) | <input type="checkbox"/> | <input type="checkbox"/> |
| Not feeling well; shaking/chills; feeling feverish | <input type="checkbox"/> | <input type="checkbox"/> |
| Headache (not just occasional; if accompanied with other symptoms no entry should be considered) | <input type="checkbox"/> | <input type="checkbox"/> |
| Muscle pain all over the body (new issue; not a diagnosed medical issue) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> | <input type="checkbox"/> |
| Vomiting &/or diarrhea (3 or more watery stools in the last 24 hours) | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of taste or smell | <input type="checkbox"/> | <input type="checkbox"/> |
| Close contact with someone who has tested positive for COVID-19 in the last 14 days OR suspected positive but not tested | <input type="checkbox"/> | <input type="checkbox"/> |

REMINDERS:

1. You are required to wear a face mask while in the building and meeting with other people.
2. Practice social distancing, use hand sanitizer, and wash hands frequently.
3. Follow all signs and directions.