MARION COUNTY PUBLIC SCHOOLS

COVID-19 ACTIVITY SCREENING QUESTIONS:

MUST BE ANSWERED BY ALL PERSONS IN ENTIRETY

PRIOR TO ENTERING THE FACILITIES

NAME: _______________________________________________

ADDRESS: ____________________________________________

PHONE: _______________________________________________

EMAIL:_________________________________________________

Please Circle YES or NO:

1. Have you been on a cruise in the last 14 days? YES or NO

2. Have you traveled internationally in the last 14 days? YES or NO

3. Have you traveled domestically in the past 14 days to any regions experiencing widespread community spread of COVID-19? YES or NO

For more information, visit https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-global

4. Have you been in direct contact with a person who has been diagnosed with COVID-19 or is displaying any of the symptoms of COVID-19? YES or NO

5. Do you have any of the symptoms of the COVID-19 infection? YES or NO

Symptoms include (but are not limited to):

*Fever (greater than 100.4F)  *Loss of smell or taste
*Cough  *Nausea
*Shortness of Breath  *
*Sore throat  *Vomiting
  *Diarrhea

6. Are you awaiting test results or have you received a diagnosis of COVID-19? YES or NO

7. Have you been asked to self-monitor at home by the CDC or local health department, or have you been directed to self-monitor by your health care provider? YES or NO

All of these answers are true and correct to the best of my knowledge. If any of my answers to these questions change, I will immediately notify my respective coach or activity sponsor and not attend any on-campus activity sessions until cleared as to MCPS return provisions.

__________________________________________  ________________
Signature  Date