



**Icahn Charter School 5**

**Student COVID-19 Frontline Healthcare Questionnaire**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer YES or NO if the student:**

1. Has tested positive for COVID-19 within the last fourteen days?

Yes

No

2. Is experiencing flu-like symptoms, including acute respiratory illness, cough, shortness of breath, fatigue, sore throat, muscle ache, nausea or loss of smell/taste?

Yes

No

3. Has traveled through a geographical area with widespread and sustained transmission of COVID-19 as defined by the CDC?

Yes

No

4. Has been informed by their medical provider or NYS contact Tracer that he/she has been exposed to COVID-19 within the last fourteen days?

Yes

No

If yes was answered to any of the above questions, do not attempt to enter a school building or attend school in-person. Parents of students should contact the school's Main Office and staff should contact their supervisor as soon as possible.

**I acknowledge that I have read and answered each of the above questions accurately and to the best of my knowledge.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_