

Temp Check
_____ ° F

2021

STUDENT COVID QUESTIONNAIRE

*You must answer "NO" to all of the questions below
in order to participate in your class today at AVS.*

CITY IS REQUIRING MASKS TO BE WORN AT ALL TIMES

Have you had any of the following symptoms in the last 24 hours?

	Please CHECK YES/NO	YES	NO
Cough			
Shortness of breath or difficulty breathing			
Fever 100.4 degrees or higher			
Sore Throat			
Headache			
Muscle Pain			
Have you been in close contact with another person without the use of appropriate PPE who has had any of the above symptoms or has been diagnosed with COVID?			

NAME (PLEASE PRINT CLEARLY)

DATE