

Date: ___/___/2020 Student Name: _____ Class: _____

FlipStar COVID19 Student Questionnaire

This form needs to be completed and turned in at the start of each class. You are welcome to send this form with your child.

Please answer the following questions on behalf of the student above.

1. Have you come into close contact with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days? Yes No
2. Do you have common symptoms of COVID-19? (select all that apply)
 - a. Cough (new or worsening) Yes No
 - b. Sore throat Yes No
 - c. Shortness of breath Yes No
 - d. Temperature above 100° Yes No
 - e. COMPLETE loss of smell or taste Yes No
3. To reduce a fever, have you taken any fever-reducing medication within the past 24 hours? Yes No

If you answered "Yes" to any of the above questions please stay home and call the COVID-19 call center (312-227-5300) within 24-hours for the next steps.

Parent name: _____ Parent Signature: _____

By signing this form, you are verifying that you are the parent of the student named above and can confirm that the information given is true.

Date: ___/___/2020 Student Name: _____ Class: _____

FlipStar COVID19 Student Questionnaire

This form needs to be completed and turned in at the start of each class. You are welcome to send this form with your child.

Please answer the following questions on behalf of the student above.

1. Have you come into close contact with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days? Yes No
2. Do you have common symptoms of COVID-19? (select all that apply)
 - a. Cough (new or worsening) Yes No
 - b. Sore throat Yes No
 - c. Shortness of breath Yes No
 - d. Temperature above 100° Yes No
 - e. COMPLETE loss of smell or taste Yes No
3. To reduce a fever, have you taken any fever-reducing medication within the past 24 hours? Yes No

If you answered "Yes" to any of the above questions please stay home and call the COVID-19 call center (312-227-5300) within 24-hours for the next steps.

Parent name: _____ Parent Signature: _____

By signing this form, you are verifying that you are the parent of the student named above and can confirm that the information given is true.