COVID-19 Questionnaire:

By your child participating in-person in the after-school program each week, you are vouching that your child can answer “no” to the following questions:

- **Y**  **N**  Do you have any symptoms of COVID-19? Symptoms can include:
  - Fever or feeling feverish;
  - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
  - General body symptoms such as muscle aches, chills, and severe fatigue;
  - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea;
  - Changes in sense of taste or smell.

- **Y**  **N**  Have you had a fever of 100.4°F or higher in the last 24 hours?

- **Y**  **N**  Have you traveled outside New England in the last 14 days?

- **Y**  **N**  Have you or anyone in your household been in close contact with a confirmed case of COVID-19 in the last 14 days?

- **Y**  **N**  Have you been asked to quarantine by your school or has your school/class/grade level gone fully remote due to an outbreak?