



COVID-19 Questionnaire

1. Has anyone in the child's household traveled outside of the USA in the last 14 days?
YES NO
2. Has anyone in the child's household traveled within the USA in the last 14 days?
YES NO
3. Has anyone in the child's household been on a cruise ship in the last 14 days?
YES NO
4. Has anyone in the child's household been in close contact with anyone who has traveled domestically or internationally in the last 14 days?
YES NO
5. Has anyone in the child's household attended any events or gatherings with more than 100 people?
YES NO
6. Has anyone in the child's household been in close contact with a person known to have the 2019 Novel Coronavirus?
YES NO
7. Has anyone in the child's household been asked to self-quarantine?
YES NO
8. Has anyone in the child's household had fever or lower respiratory symptoms such as a cough or shortness of breath?
YES NO
9. Has anyone in the child's household had a new onset of cold symptoms such as a cough and runny nose?
YES NO

*** Child's Household refers to EVERYONE (including the child) living with or in constant contact with the child enrolling or currently enrolled at Pacesetter Academy.**

Your signature below confirms that the answers above reflect information to the best of your knowledge at the current time and that if something changes, you will notify us immediately.

Signature: _____

Date: _____

Printed Name: _____

Child's Name(s): _____