



**The Parish of Saint Catherine of Siena  
Religious Education**

**COVID-19 Screening Checklist**

If you reply **YES** to any of the questions you should **STAY HOME** and contact your Doctor.

Have you or anyone you know have been in close contact with been diagnosed with COVID-19, or been placed on quarantine (**including school, sports, or other activities**) for possible contact with COVID-19?  Yes  No

Have you traveled internationally or to a state on the CT travel advisory list in the past 14 days?  Yes  No

A temperature of 100.4 °F or greater in the past 24 hours?  Yes  No

Any of the following symptoms?

Loss of Smell or Taste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or Body Aches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of Breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion/Runny Nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea/Vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of Appetite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Name: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE:** This checklist must be completed and presented to a catechist each in-person class in order to attend.