

Fayetteville Academy COVID-19 Questionnaire

Fayetteville Academy believes it is essential to the physical, emotional, and mental well-being of students to return to school as soon as deemed safe. Therefore, we are requiring that all students complete this form on the first day of each school week.

Answering these questions truthfully will allow students to receive the necessary evaluation needed to safely return to school.

Name		
Teacher		
For the questions below, please circle yes or no		
Yes	No	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a medical professional that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Yes	No	Fever (temperature more than 99.7 per FA COVID Protocol?)
Yes	No	Unusual Dizziness?
Yes	No	A sore throat <i>different</i> than associated with seasonal allergies?
Yes	No	Chills and/or body aches?
Yes	No	New loss of taste or smell?
Yes	No	Nausea, vomiting, or diarrhea?
Yes	No	Have you, or anyone in your household been diagnosed with COVID-19 in the past 14 days?
Yes	No	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of parent/legal custodian: _____ Date _____