

**FBCP – AWANA HEALTH SCREENING QUESTIONNAIRE FOR COVID**

Dear Parents/Guardians,

To prevent the spread of COVID-19 to our church faculty, adults and students, we are conducting a simple screening. Your participation is important (mandatory) to help us take precautionary measures to protect you and everyone in this facility. You must have your temperature checked every day before entering the buildings, and You MUST complete this screening weekly. The form will be sent home every Friday at the closing of AWANA. Please return on the following Friday but monitor your children everyday.

Please note the criteria your children must meet before coming to AWANA. If your child can answer yes to any question please let us know and do not send them to AWANA.

**Screening Questions**

- 1. Have you or your child(ren) experienced any symptoms of COVID-19, including a temperature of 100° or more in the past 14 days?
- 2. Have you or your child(ren) had a positive COVID-19 test within the last 14 days?
- 3. Have you or your child(ren) knowingly been in close contact with a confirmed or suspected case of COVID-19 within the past 14 days?
- 4. Have you or your child(ren) traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

**CIRCLE ONE;** NO to all questions YES to anyone {or more} of the questions.

\_\_\_\_\_, FAMILY NAME DATE: \_\_\_\_\_  
 \_\_\_\_\_, CHILDRENS NAMES & GRADES  
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