

Parent Questionnaire

The safety of our children, staff and community members remains the Poarch Creek Indians overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to everyone, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you.

Name(s) of children: _____

Have you or anyone residing in your household had COVID-19 within the past 14 days?

yes no

Have you or anyone residing in your household been in close contact with someone who was positive for COVID-19 within the past 14 days?

yes no

To the best of your knowledge, have you or anyone in your household been exposed to someone with COVID-19 within the past 14 days?

yes no

Does anyone in your household have any symptoms of COVID-19, such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting?

yes no

Has anyone in your household undergone a COVID-19 lab test or been asked to quarantine within the past 14 days?

yes no

Has anyone in your household traveled internationally in the last 3 months?

yes no

Has anyone in your household taken a cruise within the last 3 months?

yes no

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____