

# Presentation\_High\_School\_Survey

Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes  No

Within the past 14 days, have you had close contact with someone who has been in isolation for COVID-19 or had a test confirming they have the virus? (Close contact is less than 6 feet for 15 minutes or more.)

Yes  No

Have you had any one or more of these symptoms today or within the past 3 days? -Fever or chills -Cough -Loss of taste or smell -Shortness of breath or difficulty breathing

Yes  No

Have you had any one or more of these symptoms today or within the past 3 days and that are new or not explained by another reason? -Fatigue -Muscle or body aches -Headache -Sore throat -Nausea, vomiting, or diarrhea

Yes  No

Have you traveled more than 150 miles away from home within the last 14 days?

Yes  No

If I am participating in an outside activity, I can confirm I'm following the county guidelines/requirements the entire time. (Please type the word "yes" to confirm.)

Which spaces on campus will you be accessing/using today?

Submit Survey