

## Corpus Christi Church – Faith Formation Program

Please carefully read and complete the below questionnaire prior to reporting to in-person Faith Formation sessions. **If you check (✓) YES** to any of the below, **please do not have your child attend that week’s in-person session**. Call or email your child’s Faith Formation teacher and let them know he/she will not be in class, prior their report time. **If you check (✓) NO for ALL, please sign the form and send it with your child to class.**

**Section 1: Symptoms** (Please check your child for these symptoms): If your child has any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others, **please keep them home.**

YES	NO	SYMPTOMS
		Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
		Sore throat
		New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
		Diarrhea, vomiting, or abdominal pain
		New onset of severe headache, especially with fever

**Section 2: Close Contact/Potential Exposure:** If your child has had any of the following contact/exposure, **please keep them home.**

YES	NO	CONTACT/EXPOSURE
		Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
		Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework
		Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open

Student’s Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_