

Dear Visitors to SFP:

Please complete the following questions:

Have you had any COVID-19 symptoms in the past 14 days? (eg. fever, chills, loss of taste and smell, excessive coughing, etc.)

Yes No

Have you tested positive for COVID-19 symptoms in the past 14 days?

Yes No

Have you had any close contact with anyone with COVID-19 in the past 14 days?

Yes No

Have you traveled internationally in the past 14 days?

Yes No

If you believe the following questions pertain to you and you wish to inform us of your status, please complete:

Have you been fully vaccinated for COVID? (2 weeks have passed since your last vaccination)

Yes No

Have you had a positive test for COVID in the last 90 days?

Yes No

SFP will continue to take temperatures of all upon arrival each day.

Temperature: _____ Date: _____

Your visit will be kept on file for 14 days (if there is a need to Contract Tracing).

If you should become COVID positive after this visit to SFP, you agree to inform the school nurse:

Print your Name: _____

Your cell number: _____

Signature: _____

Sincerely,

Mary Pappas, RN
School Nurse