



## Family/Caregiver COVID-19 Exposure and Screening Questionnaire

In adherence with the New York City Department of Health mandate, Building Bridges requires all families to complete this Family//Caregiver COVID-19 Exposure and Screening Questionnaire prior to entering Building Bridges Preschool.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

- Do you have a fever (temperature over 100.4° F or 38° C) without having taken any fever-reducing medications?
- Do you have a loss of smell or taste?
- Do you have a cough?
- Do you have muscle aches?
- Do you have a sore throat?
- Do you have congestion or a runny nose?
- Do you have shortness of breath?
- Do you have chills?
- Do you have a headache?
- Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days?
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks?
- Have you been asked to self- isolate or quarantine by a medical professional or a local public health official in the last two weeks?
- Within in the past 14 weeks have you travelled from a high-risk area outside the U.S. as defined by the CDC or one of the high-risk states in the U.S. (infection rate of 10% or higher) as defined by the CDC and or state of NY.