**®** **COVID-19 QUESTIONNAIRE & DISCLOSURE**

**This form is a required (Mandated by State DHS licensing purposes) document that all families must fill out and return PRIOR to the return to school and/or when there is an extended period that your child has been out of school. (Absences, vacation, visits with family or friends from out-of-state and/or interisland). Please answer honestly and truthfully as this situation effects and could potentially affect all of us and our ability to continue to provide this service to you. (We will send this home prior to such period as per our authority.)**

Have you/your child experienced any of the following symptoms in the past 48 hours?

* Fever or chills
* Cough
* Sore throat
* Congestion of Runny Nose
* Shortness of breath or difficulty breathing
* Muscle or body aches
* Headache
* New loss of taste or smell
* Nausea, vomiting, or diarrhea

**Answer: \_\_\_\_\_\_\_ Please list symptom(s) if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Within the past 10 days, have **you/your child** exhibited any of the symptoms (no matter how minor) listed above? **Answer: \_\_\_\_\_\_\_\_**

Within the past 10 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

* Anyone who is known to have **laboratory confirmed** COVID-19? **OR**
* Anyone who has exhibited symptoms consistent with COVID-19? **Answer: \_\_\_\_\_\_\_\_If YES, please list date of exposure for contact tracing purposes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19 ? **Answer: \_\_\_\_** Have you had a positive Covid-19 test in the past 10 days? **\_\_\_\_**

Are you currently waiting on the results of a COVID-19 test?**\_\_\_\_ Are you FULLY VACCINATED\*\*? \_\_\_\_\_\_\_**

**\*\*If you are vaccinated, please submit copy of vaccination card.**

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Have you travelled/been exposed to someone that has travelled **outside** the State of Hawaii within the past 10 days? **Answer\_\_\_\_\_\_ If** **YES,** is that individual **fully vaccinated**? **\*\***\_\_\_\_\_\_\_ (they must submit a copy of their vaccination card and/or a copy of their pre/post travel Covid-19 testing result to us for our records **prior** to the child re-entering school) **\*\*In addition, the child is REQUIRED to stay out from school for 3 days AFTER being exposed to the visitor/traveler, and must then be tested for COVID-19 prior to returning to school. If you do not wish for your child to be tested and stay out of school, then the visitor/traveler must quarantine away from the child for 3 days, after which the traveler/visitor must then take a Covid-19 PCR test from a state-approved laboratory for the child to return to school.**

**If neither is followed, the child must quarantine at home for 10 days).**

Have you travelled/been exposed to someone that has travelled interisland within the past 10 days?

**Answer: \_\_\_\_\_\_\_\_\_\_ If YES, is the party or parties fully vaccinated?? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Island(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\***(**Applicable Pre and/or Post Negative Covid-19 test for the child will be required for the child to be able to return to school if you are not FULLY vaccinated.) Nonetheless, we are requiring that those involved continue to self-monitor for symptoms regardless of vaccination status and/or applicable testing.**

**This form is applicable in addition to ALL preschool-issued notices & guidelines pertaining to COVID-19. My signature below hereby attests that I have truthfully and honestly answered ALL the above questions. Failure to do so will result in my child being denied access to enter the preschool until form is completed and returned. \*\*\*EMAILING TO THE PRESCHOOL AHEAD OF RETURNING TO SCHOOL IS PREFERRED\*\*\***

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SWPS.Covid-19doc-Revised 10 /2021 PARENT / GUARDIAN SIGNATURE & DATE**