**®** COVID-19 QUESTIONNAIRE & DISCLOSURE(revised 9/2023**)**

**This form is a document that all families must fill out and return to us after a child has been out of school for an extended period (vacations, absences, visits from family from out of state and/or interisland.) Please answer honestly as this could potentially affect us and our ability to continue to provide our services to you. This form will be sent home prior to such a period as per our authority. You must present this form at the entry upon your return and/or email to preschool.**

1. **Have you/your child experienced any of the following symptoms in the past 48 hours?**
* **Fever or chills**
* **Cough**
* **Sore throat**
* **Congestion or runny nose**
* **Headache**
* **New loss of taste or smell**
* **Nausea, vomiting, or diarrhea.**
* **Muscle or body aches**

**Answer: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ If yes, list symptom(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you been in close contact and exposed to someone that has been confirmed to have Covid-19 in the past 5 days?**

**Answer: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ If yes, list date of exposure for contact tracing purposes.**

**Date(s) of exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you and your immediate family traveled\* outside of the State of Hawaii OR Interisland within the past 7 days?**

**Answer: Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Travel Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Country /Island Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*We will require that you provide us with the results of your child’s rapid Covid test taken upon the child’s return home and/or prior to school entry. If the child exhibits any symptoms, no matter how minor, we ask that you keep them home and test again a day or so later. Although most restrictions have been lifted/relaxed, the preschool will continue to take a pro-active and cautious stance indefinitely.**

**My signature below attests that I have truthfully answered all the questions above. Failure to provide this form as requested could lead to your child being denied re-entry to school until this form is completed and returned.**

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

 **Parent/Guardian Signature & Date of Disclosure**

**Received & Acknowledged by Small World on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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