**® COVID-19 QUESTIONNAIRE & DISCLOSURE *(REVISED AUG 2022)***

This form is a **REQUIRED** (Mandated by State DHS licensing) 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 could potentially affect all of us and our ability to continue to provide this service to you. (Form will be sent this home prior to such period as per our authority.)

Have you/your child experienced any of the symptoms in the past 48 hours? (Indicate by circling.)

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

Within the past **5 days**, have you been in close physical contact (*6 feet or closer for a total of 15 minutes*) with:

* Anyone who is known to have **laboratory confirmed** COVID-19? Answer**: \_\_\_\_\_\_\_\_\_\_\_.**
* 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 or are you awaiting the results thereof: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you FULLY VACCINATED AND BOOSTED? \_\_\_\_\_\_\_**If so, please submit a copy of vaccination card(s) forour records.

**Regarding TRAVEL: (*Domestic* only; Foreign/Overseas will be determined accordingly per our discretion.)**

* A fully vaccinated child or parent will only have to submit the results of a rapid test upon return from their destination.
* For our keiki that have not been vaccinated, he/she must do a rapid test prior to his/her departing flight back and then once again upon their return home; prior to re-entering school. If you choose not to get them tested; the child is required to quarantine at home for 5 days. In either situation, both test results (photos sent via email) shall be documented accordingly.
* Parents that travelled shall also be required to follow the 2 policies listed above as indicated.
* In the event of a visitor(s) to the child’s home, they must be able to provide us with proof of vaccination. However, since a vaccinated individual can still carry the virus, we are asking that you keep the child out from school and isolated away from that person for a minimum of 3 days. You many then choose to have either the child or the visitor(s) take a rapid test and provide us with their results. Once the negative results are acknowledged, only then will the child be able to return to school.

Travel Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List State(s)/Island(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(If you choose not to follow either option, then the child will have to quarantine for 7 days after their return.)***

**Subsequently, we are requiring that all those involved continue to self-monitor for symptoms regardless of vaccination status and/or applicable testing. Although it seems that guidelines and mandates are being relaxed/lifted, we are still taking a pro-active and cautious stance. 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 (preferably via email).**

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

 **PARENT / GUARDIAN SIGNATURE & DATE**

**SWPS.Covid.disclosure/Revised 8/2022**