

**Austin International School  
COVID-19 Daily Health Screening Questionnaire**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

My child's temperature is: \_\_\_\_\_ (*Student entry not permitted at or above 99.5°F/37.5°C.*)

QUESTION	YES	NO
Is your child or any member of the household suffering from any flu-like symptoms? This may include fever, chills, runny nose, dry cough, etc.		
Has your child or a member of the household traveled from outside of Austin in the last 14 days? If yes, from where?		
Does your child and/or a member of the household have a medical condition that may place them at a heightened risk of contracting COVID-19?		

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