



Wellness Screening Questions

Please complete this screening at home before joining us on campus at Bennett Day School.

1. *Are you and/or your student in compliance with Chicago's [Emergency Travel Order](#)?*
 - a. If NO, please do not come to campus.
2. *Do you or your student have a fever exceeding 100.4°F?*
 - a. If YES, please do not come to campus.
3. *Have you, your student, or any household member been in direct contact with a confirmed or suspected case of Covid-19 within the past 10 days?*
 - a. If YES, please do not come to campus.
4. *Have you or your student experienced any of the symptoms listed below in the past 48 hours?*
 - a. If YES, please do not come to campus.
 - i. Fever or chills
 - ii. New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue muscle or body aches
 - v. Headache
 - vi. New loss of taste or smell
 - vii. Sore throat
 - viii. Congestion or runny nose
 - ix. Vomiting, Diarrhea, or Abdominal Pain