

TAMPA PREP

COVID-19 Health Screening Questionnaire

Tampa Prep places the highest priority on the health and safety of the Tampa Prep community. As the COVID-19 pandemic continues to evolve Tampa Prep has implemented this screening for all faculty, staff, students and visitors coming onto Tampa Prep's campus.

Please answer each question with "Y" for Yes and "N" for No:

WITHIN THE LAST 14 DAYS:

_____ Have you been exposed to someone with a suspected or confirmed case of COVID-19? Exposure is defined as masked or unmasked contact within 6 feet for 15 or more minutes with a person with COVID-19 symptoms.

_____ Have you experienced a new onset or unusual nature of any symptoms associated with COVID-19

- fever greater than 100° F
- chills
- cough (wet or dry)
- noticeable fatigue
- difficulty breathing or shortness of breath
- body or muscle aches
- headaches
- sore throat
- new loss of taste or smell
- runny nose or congestion
- vomiting and nausea
- diarrhea and other gastrointestinal issues

By signing below, you agree that you have answered the questions above honestly and you understand that Tampa Prep has the right to refuse admittance to Tampa Prep if a staff member decides an individual shows symptoms of illness (COVID-19 related or other medical illness) to ensure safety of other Tampa Prep students, faculty, staff and visitors.

Tampa Prep appreciates your participation in this questionnaire as we manage the current COVID-19 pandemic with the best interests of our community in mind.

IF MINOR, PRINT CHILD NAME:

PRINT ADULT, PARENT OR LEGAL GUARDIAN NAME:

DATE:

ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE:
