

## St. Pius X Health Screening Checklist for Children/Youth

**To be completed before every onsite session and handed in to catechetical/ youth ministry leader**

Name of Parent/Guardian Completing Form: \_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_

Date: \_\_\_\_\_

Event:

- Religious Ed
- Middle School Youth Ministry
- High School Youth Ministry
- Confirmation Yr 2

**Have you recently returned from a visit to another state that lasted more than 24 hours?**

Yes  No

**Do you have a fever (temperature over 100.3 °F) without having taken any fever reducing medication?**

Yes  No

**Loss of Smell or Taste?**

Yes  No

**Muscle Aches?**

Yes  No

**Sore Throat?**

Yes  No

**Cough?**

Yes  No

**Shortness of Breath?**

Yes  No

**Chills?**

Yes  No

**Have you experienced any gastrointestinal symptoms such as Nausea/vomiting, diarrhea, loss of appetite?**

Yes  No

**Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?**

Yes  No

**Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?**

Yes  No

Parent/Guardian Signature: \_\_\_\_\_