

## Ruvna Form and Contact Tracing

Person Name: \_\_\_\_\_ Date : \_\_\_\_\_

Do you have any of these symptoms? Please check all that apply.

1. Cough \_\_\_\_\_
2. Congestion or Runny Nose \_\_\_\_\_
3. Chills \_\_\_\_\_
4. Headache \_\_\_\_\_
5. Muscle Pain \_\_\_\_\_
6. Sore Throat \_\_\_\_\_
7. Loss of Taste or Smell \_\_\_\_\_
8. Digestive Problems \_\_\_\_\_
9. Shortness of Breath \_\_\_\_\_
10. Fatigue \_\_\_\_\_
11. Nausea or Vomiting \_\_\_\_\_

2. Is your temperature above 100 degrees Fahrenheit?

YES \_\_\_\_\_

NO \_\_\_\_\_

3. Have you traveled internationally in the past 14 days or from a state beyond the contiguous states of NJ, CT, PA, VT and MA in the past 5 days? If you have traveled beyond the contiguous states, a negative PCR test taken five days after your return to your home state should be submitted to nurse Mathis. You can view the NYS Travel Advisory here: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

YES \_\_\_\_\_

NO \_\_\_\_\_

4. Have you tested positive through a diagnostic test for COVID-19 in the past 14 days or have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?

YES \_\_\_\_\_

NO \_\_\_\_\_

5. Have you attended a gathering of 10 or more people either indoors or outdoors at a private residence in the past 5 days?

YES \_\_\_\_\_

NO \_\_\_\_\_

*If you checked yes to any of the above please do not come to school and call the nurse for further instructions.*