

Diocese of Sacramento Catholic Schools - Post-Christmas-Break Questionnaire:

January 5, 2021

In order for your child(ren) to return to on-campus learning, post-Christmas break, please answer the following questions:

1. In the last ten days, my child(ren) has (have) been in contact with someone who currently has tested positive for COVID-19.

Yes (True) No (False)

If you answered "yes," your child will need to quarantine for ten days from last contact, unless symptoms develop. If symptoms develop, contact your healthcare provider/make arrangements for COVID-19 testing and follow diocesan protocol. Students participating in antigen testing may be able to return sooner pending county approval.

2. In the last ten days, did any members of your household travel out of state or country?

Yes No

If you answered "Yes" to question #2, your child(ren) will need to be remote learners for ten days from the day of return unless:

***Your county has approved an earlier return for students testing negative for COVID-19.

3. In the last ten days has your family had visitors from out of state or country?

Yes No

3a. If you answered "yes" to #3, has it been **less** than ten days since your guests arrived?

Yes No

4. In the last ten days, did your household gather indoors at one time with more than two other households?

Yes No

If you answered "yes" to questions #3a or #4, your child will need to be a remote learner until it has been ten days from the date of initial exposure in either question.

If you have answered "No" to the above questions, please continue with this questionnaire and answer the following:

5. Does your student have **one** of the following symptoms?

Fever of 100.4 or greater and/or chills Yes No

Cough Yes No

Difficulty breathing Yes No

Loss of taste/smell Yes No

If you answered "Yes" to any of the above symptoms, your child(ren) will need to be remote learners and may return per diocesan protocol.

6. Does your student have any of the following symptoms?

Congestion/running nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea/vomiting/diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue/muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any two of the above symptoms, your child(ren) will need to be remote learners and may return per diocesan protocol.

7. My child(ren) will temporarily be a remote learner

yes no

7a. Date expected back on campus: _____

By completing this, I certify that the answers to the above questions are true to the best of my knowledge.