

Dear Parents/Guardians: (RE: HOME SCREENING)

Please review these questions before sending your Youth to any of our Faith Formation programs. We ask parents, guardians, and older students to review the following questions. **This review should happen at home before you leave the house.**

1. Do you have any of the following **symptoms within the past day** that are not caused by another condition?
 - Fever (100.4F) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

2. If you are not fully vaccinated, have you been in close contact with anyone with confirmed COVID-19 within the past 14 days?

3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test due to possible exposure or symptoms and not through routine asymptomatic COVID-19 screening or surveillance testing?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Adults or students who answer 'yes' to any questions should stay home or will be sent home.

Please sign this form to assure that for every in-person class or meeting you and/or your youth(s) attend in our Youth Program, the screening at home has been completed and the answer to all questions is '**NO.**' Thanks.
*(This signed form will be attached to your youth's Registration form.)

PRINT PARENT'S FULL NAME

SIGNATURE OF PARENT

DATE