



Student pre-screening Questionnaire

Due to the ongoing COVID-2019 Pandemic, ALL STUDENTS are required to complete this form prior to being allowed entrance into any of the Grace Academy/Grace Baptist Church locations. Your visit is subject to approval upon completion of this form. Effective immediately, NO adult is to accompany the students to class. These rules are being enforced to keep our students and staff as well as the rest of your loved ones safe and healthy.

Print Student's Name:	YES	NO
Has the student or anyone in your household travelled outside the us in the past 2 weeks? IF YES, WHERE ?		
Has the student or anyone in your household travelled outside of Georgia in the past 2 weeks? IF YES, WHERE?		
In the past 2 weeks has the student or anyone in your household had contact with any person suspected to have contracted coronavirus (COVID-19)? Including being tested for COVID-19, and being in self isolation for COVID-19		
IN THE PAST 2 WEEKS HAS THE STUDENT OR ANYONE IN YOUR HOUSEHOLD HAD CONTACT WITH ANY PERSON CONFIRMED TO HAVE CONTRACTED CORONAVIRUS (COVID-19)?		
Has the student or anyone currently been exposed to someone with flu-like symptoms (cough, shortness of breath or fever)?		
IN THE LAST 72 HOURS HAS THE PATIENT OR CAREGIVER EXPERIENCED THE FOLLOWING?		
FEVER		
COUGHING		
SORETHROAT		
DIFFICULTY BREATHING , SHORTNESS OF BREATH OR WHEEZING		
MUSCLE ACHES		
STOMACH PAINS		
VOMITING OR DIARRHEA		
PINK EYE/RED EYES		
RASH		
FATIGUE OR FEELING UNWELL		

****** PLEASE RETURN THIS FORM TO THE GRACE CHRISTIAN ACADEMY EACH WEEK******

BY SIGNING BELOW, YOU CERTIFY THAT THE ANSWERS ABOVE ARE TRUE. FAILURE TO ANSWER TRUTHFULLY OR WITHHOLDING INFORMATION INTENTIONALLY WILL LEAD TO IMMEDIATE DISMISSAL FROM OUR ACADEMY OR PRESCHOOL AND MAY BE SUBJECT TO APPLICABLE LAWS DURING THIS PANDEMIC.

PARENT SIGNATURE: _____ DATE: _____

STUDENT TEMP: _____ EMPLOYEE SIGNATURE: _____