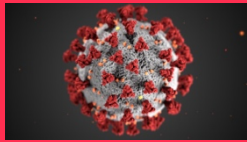


**POSITIVE TEST
for COVID-19**

In the last 10 days has anyone in your household been diagnosed positive for COVID-19?

NO YES



If Yes:

Sessions cancelled for 7 days from onset of symptoms and the household must be symptom free without the use of fever-reducing or other symptom-altering medicines (i.e. cough suppressants).

**SYMPTOMS
of COVID-19**

In the past 3 days, has anyone in your household displayed any of the following symptoms not related to another health concern?

- * **Fever >100.4**
- * **New uncontrolled cough**
- * **Sore throat**
- * **Acute loss of sense of smell and/or taste**
- * **Shortness of breath**
- * **Child experiencing diarrhea, vomiting, or abdominal pain**



NO YES

If Yes:

Sessions cancelled for at least 7 days from onset of symptoms and household be symptom free without the use of fever-reducing or other symptom-altering medicines (i.e. cough suppressants).

**TRAVELED
via plane**

In the last 3 full days has your child traveled via plane?

NO YES

If Yes:

Sessions cancelled for 3 full days following the date of return and any isolation or quarantine orders are lifted and child is symptom-free.



SCHOOL and COMMUNITY-BASED ENVIRONMENTS

Have you been directly notified by your families school or other community-based environment of a direct potential/positive COVID-19 exposure or been requested to isolate or quarantine due to a potential/positive exposure?



NO YES

If Yes:

Sessions cancelled for 3 full days from date of exposure or isolation order is lifted, and household be symptom-free.