



COVID Questionnaire for Participation on Dizzybus

In order to protect your child and others, we are asking about symptoms and exposure to COVID-19. Your child's health is our priority, please answer these questions so that we can direct your child to the care that he/she needs as quickly as possible.

If you answer NO to all of these questions below and your child's temperature is below 100.4 , they are welcome to participate on the bus.

Does your child have a fever?

Does your child currently have a cough or shortness of breath?

Is your child experiencing any other NEW symptoms listed below which may be associated with COVID-19? Please select all that apply:

- Fatigue
- Muscle aches and pain
- Loss of smell or taste
- Loss of appetite
- Diarrhea or nausea
- Sore throat
- Runny nose

In the past 2 weeks, has your child (or someone in your household) been diagnosed, tested or quarantined under a doctor's orders for COVID-19? Please select all that apply:

- A doctor ordered my child to quarantine for possible COVID-19
- My child was tested and we are waiting for the results
- My child tested positive
- Someone at home has fever, cough or difficulty breathing but has not been diagnosed
- A doctor ordered someone in our home to quarantine for possible COVID-19
- Someone in our home tested positive

In the past 2 weeks, has your child been in close contact with someone who has been diagnosed, tested or quarantined under a doctor's order for COVID-19?