



COVID-19 Precertification Form: PC Mini-Open House

To keep you, our students, and employees safe, we are following state and health department recommendations and requiring that all visitors be assessed for COVID-19 symptoms and receive a temperature check before entering the school building.

If you answer "yes" to either of these questions, you should not attend the Providence Catholic High School mini-Open House.

If you answer "no" to each of these two questions, upon your arrival to Providence Catholic High School you will have your temperature scanned. If your temperature is 100.4 degrees or higher you will not be permitted in the building.

Please complete this form in its entirety and bring with you to the Providence Catholic mini-Open House.

Visitor's Name: _____ DOB: _____

I am a Student _____ Parent _____ Other _____

School Name: _____

SECTION 1

In the last 48 hours, have you had ANY of the following symptoms consistent with COVID-19?

____ Yes ____ No

Fever of 100.4 or above	Cough
Muscle aches	Sore throat
Chills or repeated shaking with chills	Loss of smell or taste, or a change in taste
Nausea, vomiting or diarrhea	Headache
Trouble breathing, shortness of breath or severe wheezing	Possible fever symptoms such as alternating chills & sweating

SECTION 2

Within the last 48 hours, have you been in close contact (within 6 feet for 15 or more minutes) with someone who has either tested positive for COVID-19 or suspects that he/she has Covid-19?

____ Yes ____ No

SIGNATURE

Moderators: If you are filling out this form for yourself, please print and sign your name on the lines below. Students: If under 18, you must have a parent/guardian print and sign their name on this form.

Print Parent/Guardian Name (if individual is under 18): _____

Parent/Guardian Signature (if individual is under 18): _____

Date of mini-Open House _____