



COVID-19 Screening

1. Do you have a fever or have had a fever in the last 48 hours?
Circle Yes or No
2. Have you been in close contact with a confirmed case of COVID-19 in the last 14 days?
Circle Yes or No
3. Have you been asked to self-isolate or quarantine by a medical professional?
Circle Yes or No
4. Have you had a new loss of taste or smell?
Circle Yes or No
5. Are you experiencing a cough, chills, shortness of breath, sore throat or muscle aches unrelated to previous chronic medical issues?
Circle Yes or No
6. Have you had any vomiting or diarrhea in the last 24 hours unrelated to previous chronic medical issues?
Circle Yes or No
7. Have you engaged in non-essential travel outside of the state of California within the last 14 days?
Circle Yes or No
8. Have you answered these questions honestly and to the best of your ability?
Circle Yes or No

Student Name

Date

If you answered 'yes' to any of the questions in numbers 1-7, please notify the Admissions Office at admissions@cbhs-sacramento.org or 916-733-3690 and we will reschedule your test to another time.