

**Pre- Screening Questionnaire - Material Pickup@GBW**

Name of Individual Picking up Student Materials- \_\_\_\_\_

1. Do you have a cough and/or sore throat? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you had a fever in the last 72 hours (3 days)? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have any shortness of breath or is it hard for you to breathe? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is anyone in your house ill with a fever or a cough? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you had any contact with someone known to have or under investigation for Coronavirus in the last 14 days (2 weeks)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\* If the answer is YES to any of the five questions, you will NOT be permitted to enter the building and SHOULD NOT come to the school. Please work with your school to make alternate safe arrangements at another time to retrieve items.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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