

# Miami

COUNTRY DAY SCHOOL

**Miami Country Day School, Inc.**  
**CAMPER- Questionnaire**

To do our part in preventing the spread of COVID-19 in our community and School, we are restricting access to our campus for anyone who may have recently been exposed to the virus. Please read this carefully and answer truthfully. Please place a check next to your answer.

Parents: please complete this form for your child. This form is required to attend Summer Camp and must be returned via email at least 24 but not earlier than 48 hours prior to the first day of camp.

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

NAME of Camper: \_\_\_\_\_

- (a) In the last 14 days, has your child had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (which are listed in item (d) below)? Circle your response.

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|-----|----|
| YES | NO |
|-----|----|

- (b) In the last month, has your child traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department (including China, Italy, Iran, and most of Europe)? Circle your response.

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| YES | NO |
|-----|----|

- (c) In the last month, has your child traveled to a hotspot, as designed by Governor DeSantis, in the United States, such as New York City, New Jersey, Connecticut, or Louisiana? Circle your response.

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| YES | NO |
|-----|----|

- (d) In the last 14 days, has your child experienced or displayed, or currently experiencing or displaying any of the following symptoms:

- Elevated temperature or fever of 100.4 F or higher
- Cough
- Shortness of breath and/or difficulty breathing
- New loss of smell and/or taste
- Diarrhea
- Sore throat, sneezing, runny or stuffy nose
- Fatigue, muscle aches, chills, shaking or
- Persistent headaches

|     |    |
|-----|----|
| YES | NO |
|-----|----|