



YCA TRAVEL SCREENING QUESTIONNAIRE

- Please **email** your completed questionnaire form before returning to YCA from holiday travel or if you been in close contact with someone who has traveled out of state.
- All information contained in this form will be treated as confidential information and must be kept in the child's file at YCA.
- If the answer to any following of the questions is "**yes**", we **request** the child receive a negative Covid-19 test result, before returning to YCA.

Child's Name:

DOB:

Class:

Parent's Name:

Phone Number (mobile/home):

Has your child been on a cruise or flight in the past 14 days?

Yes / No

Has your child on a road trip outside of state in the past 14 days?

Yes / No

Has your child traveled internationally in the past 14 days?

Yes / No

Has your child been in close contact to anyone who has experienced any of the COVID symptoms in the past 14 days?

Yes / No

Has your child been in close contact to anyone who has tested positive for COVID-19 in the past 14 days?

Yes / No

Has your child been in close contact to anyone who has been on a flight or traveled outside of the United States in the past 14 days?

Yes / No

Has your child been in close contact to anyone who has been on a road trip outside of States in the past 14 days?

Yes / No

Is your child currently experiencing, or has experienced in the past 14 days, any of the following symptoms? Yes / No

Fever (greater than 100.4° F)

Cough

Shortness of breath or difficulty breathing

Sore throat

Congestion or runny nose

New loss of taste or smell

Chills

Head or muscle aches

Nausea, diarrhea, vomiting

If you do decide to travel for the holiday, please check [Holiday Travel during the COVID-19 Pandemic](#) from CDC.