

YCA TRAVEL SCREENING QUESTIONNAIRE

- Please **email** your completed questionnaire form before returning to YCA from travel.
- All information in this form will be treated as confidential and must be kept in the child's file at YCA.
- If the answer to any following questions is "**yes**," we **request** the child receive a negative Covid-19 test result (please wait for 3-5 days to get a test after traveling) and self-quarantine for 7 days before returning to YCA.

Child's Name:

DOB:

Class:

Parent's Name:

Phone Number (mobile/home):

Has your child been on a cruise in the past 14 days? Yes / no

Has your child been on a flight in the past 14 days? Yes / no

Has your child traveled internationally 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, please check [Domestic Travel during the COVID-19 Pandemic](#) from CDC.