

Durham Public Schools Transportation Services Screening Questionnaire

Please see the following questions below and place an X or \sqrt in the box below to validate the questions asked. In addition, by acknowledging this form I agree that I will not place my child on a school bus or contract transportation vehicle on any day that the learning center operates if either of the following questions have been answered as a confirmed yes.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

My child has not been diagnosed with COVID-19, and I have not knowingly been in close contact with a person who has tested positive for coronavirus or COVID-19 (**close contact=within 6 feet for more than 15 minutes**) within the last 14 days.

My child has not had a temperature of 100.4 or greater (**you must check temperature daily**); or a recent onset of fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of sense of taste or smell. The symptoms listed above are based on current CDC guidelines, and are subject to change.

