



**Neighborhood Schools & Enrollment Options Office**

4100 Normal Street, Annex 12

San Diego, CA 92103

NSEO/Choice • (619) 260-2410 • Email: [eoptions@sandi.net](mailto:eoptions@sandi.net)

Early Learning Application • (619) 260-2450 • Email: [earlylearningenrollment@sandi.net](mailto:earlylearningenrollment@sandi.net)

# COVID – 19 VISITOR SYMPTOM QUESTIONNAIRE

Please complete this required Self-Screening questionnaire at home before coming to your scheduled appointment to adhere to the most current Health & Safety requirements. You may send the completed form to [tthomas@sandi.net](mailto:tthomas@sandi.net) or bring it with you to your appointment. If questions, please call our NSEO Office.

1. Do you have a new cough that you cannot attribute to another health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have shortness of breath that you cannot attribute to another health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a headache that you cannot attribute to another health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. After taking the temperature today, do you have a temperature greater than 100.0F?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, runny nose, nasal congestion, sore throat, nausea, vomiting, diarrhea or new loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you come into close contact (within 6 feet for more than 15 minutes) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has a health care provider or public health official asked you to quarantine (i.e., stay home) during this period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you traveled to a foreign country in the past 14 days? (Respond "No" if your only travel is commuting to work from Mexico's border region with San Diego)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "Yes" to any of these questions or if your temperature is >100°F (or >37.8°C), please: (a) do not come to your appointment today, and (b) contact our NSEO office to reschedule.

If you responded "No" to all these questions and your temperature is normal, send the completed form to [tthomas@sandi.net](mailto:tthomas@sandi.net) or bring this form with you to your appointment.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Full Signature or Signed Initials