Please answer yes or no to each. If the answer to any question is yes, you/your child will not be admitted to today’s program or class.  
  
1. In the past 48 hours, have you/your child had any of the following symptoms:

* A temperature of 100 degrees F or higher (Please take temperature right before coming to CBH, without any fever-reducing medications.)
* Chills or sweating
* Cough
* Sore throat
* Shortness of breath or difficulty breathing
* Congestion or runny nose
* Chest pain or pressure
* Vomiting or diarrhea
* Muscle or body aches
* Loss of sense of smell or taste
* Fatigue
* Headache

2.  In the past 14 days, have you/your child come in close contact with anyone who has tested positive for or displayed symptoms of Covid-19?   
  
3.  In the past 14 days, have you/your child traveled to any of the states currently on the New Jersey Covid-19  Travel Advisory List or out of the country?