

Dear Parents and Visitors:

We are excited to welcome you to The Westwood School!

In consideration of the COVID-19 pandemic, we are following appropriate recommendations from various health organizations to safeguard the health and safety of our community. **Please join us to keep our community safe by taking the following actions:**

**Complete and sign this Health Questionnaire and return it PRIOR to coming to the Westwood campus.**

You may email it to [knelson@westwoodschool.org](mailto:knelson@westwoodschool.org) or drop off at: The Westwood School, 14340 Proton Rd, Dallas 75244

**If you experience ANY of the symptoms listed in this questionnaire between the time you submitted this questionnaire and your arrival at our campus,** please let us know and reschedule your visit once you are symptom free for 14 days.

If you will be on campus multiple days, please advise us immediately if any of these answers change.

*Thank you for working with us to safeguard the health of our students and entire community.*

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Name of Visitor \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address \_\_\_\_\_

Reason for Visit (ex: Summer Camp attendee, prospective family tour, speech therapy session):  
\_\_\_\_\_  
\_\_\_\_\_

Date of Scheduled Campus Visit or Summer Camp Week: \_\_\_\_\_

Check the boxes below if you or the visitor to campus under your supervision have experienced any of the following symptoms over the past 14 days:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Have you (the visitor) traveled within the past 14 days?

- Yes
- No

If yes, how did you (the visitor) travel?

- Air
- Car
- Bus/Van

What was your (the visitor's) travel destination? \_\_\_\_\_

Have you (the visitor) been in close contact with someone diagnosed with COVID-19 or suspected to have COVID-19 within the past 14 days?

- Yes
- No

My family is symptom free

\_\_\_\_\_  
Signature of Visitor or Adult Guardian

\_\_\_\_\_  
Date

***If you experience any of these symptoms prior to your visit to our campus, please let us know and reschedule your visit once you are symptom free for 14 days.***

