



RCDS COVID-19 Visitor Questionnaire

The safety of our school community remains Rye Country Day School's overriding priority.

I acknowledge by providing the information below that 1) I have not been experiencing congestion, runny nose, temperature over 100 degrees, chills, cough, shortness of breath, difficulty breathing, fatigue, body aches, sore throat, headache, diarrhea, nausea/vomiting, or loss of taste or smell; 2) I have not tested positive for Covid within the last 10 days or am awaiting the results of a Covid test; 3) I have not traveled within the last 7 days and been required to quarantine per travel guidelines or 4) I have not been exposed to someone with Covid nor been ordered to quarantine by the Department of Health.

Visitor's Name: _____ Date of Visit: _____

Visitor's Mobile/Home Phone Number: _____

Organization/Business (if applicable): _____

Name of RCDS Host: _____

Signature: _____