Sauquoit Valley Central School District
COVID Self-Assessment Form

1. Have you tested positive for COVID within the past 14 days?

2. Have you recently been around anyone who tested positive for COVID within the past 14 days?

3. Have you experienced any of the following symptoms in the past 14 days: cough, shortness of breath, difficulty breathing, fever (above 100 degrees Fahrenheit), chills, muscle pain, sore throat, severe nausea or vomiting, or loss of taste/smell?

4. In the past 14 days, have you been around anyone who displayed any of the symptoms above?