Düsseldorf-Neuss-Meerbusch Region

I-S-R International School on the Rhine

COVID-19 Questionnaire

Family Name: _____ Date: ___.__.2021

			Yes	No
1.	Did you travel outside of Germany during the last month?			
2.	Did you return to Germany more than 2 weeks ago?			
3.	Did you have contact with a person who tested positive for COVID-19?			
4.	Do you have any symptoms? Please check Yes/No for any symptom you are currently exhibiting			
		Fever		
		Fatigue		
		Headache		
		Body Aches		
		Runny Nose		
		Loss of Smell and Taste		
		Sore Throat		
		Persistent cough		
		Shortness of Breath		
		Diarrhea		
5.	Did you take a COVID-19 test already?			
	If so, was it	Positive		
		Negative		
		Test Date		

Signature: _____