

## **ACT Youth Wing COVID-19 Questionnaire**

Please answer the following questions:

1. Has your child or anyone in your household experienced any of the following respiratory symptoms?
  - Fever
  - Cough
  - Shortness of Breath
  - Sore Throat
2. In the previous 14 days have you or your child had contact with someone with a confirmed diagnosis of COVID-19, with someone under investigation for COVID-19, or someone who is ill with a respiratory illness?
3. Have you given your child any fever-reducing medicine in the last 48 hours?

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Signature of Parent or Guardian

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Date