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Superintendent

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This is a daily symptom check. Based on your responses, you will either be approved to come to campus, or you will be directed to follow other procedures.

By completing the survey and submitting your responses, you agree that the information collected can be used by the Berryessa Union School District to provide a safe environment for all. The data will be used solely to determine if you should attend come to campus at this time and will be kept confidential.

1. Will you be on campus/site today? **(Yes/No)**
2. If you wish to receive the link of daily symptom check survey through text messages on your cellphone, then please enter your cellphone number. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_
3. In the past week 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus? **(Yes/No)**
4. Within the past 14 days, have you had a close contact with someone who has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more. **(Yes/No)**
5. Have you had any one or more of these symptoms today or within the past 3 days? **(Please check all that apply.)**
  - a.  Fever (temperature of 100.0 or higher) or chills
  - b.  Cough
  - c.  Loss of taste or smell
  - d.  Shortness of breath or difficulty breathing?
  - e.  None of the above
6. Have you had any one or more of these symptoms today or within the past 3 days and that are new or not explained by another reason? **(Please check all that apply.)**
  - a.  Fatigue
  - b.  Muscle or body aches
  - c.  Headache
  - d.  Nausea, vomiting, or diarrhea

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Thelma Boac

Hugo Jiménez

Khoa Nguyen

Jai Srinivasan

Kansen Chu

e.  None of the above

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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