

# The Woodstock Academy Health Services

## 伍德斯托克学院医务室

### Covid-19 Supplemental Health Questionnaire

#### 新冠健康调查表

For the health and safety of the Woodstock Academy community, an additional Covid-19 health questionnaire is required for all incoming boarding students prior to arrival. The following questionnaire should be completed and submitted to the health office within 2-3 days before your travel/arrival to campus so that it can be reviewed. Your arrival to campus is subject to approval upon completion of this form. Questionnaires should be submitted to Director of Health Services, Bobbie-Jo Saucier at [bsaucier@woodstockacademy.org](mailto:bsaucier@woodstockacademy.org).

为了确保伍德斯托克学院社区的健康和安全，所有抵达学校的寄宿学生在返校前都需要缴回这份新冠健康调查表。请在您到达校园之前的 2-3 天内完成此份健康调查表并提交给医务室，以便进行审核。我们会透过审核此份健康调查表，并通知您是非允许进入校园。请务必将您的此份健康调查表寄送至电子邮件 [bsaucier@woodstockacademy.org](mailto:bsaucier@woodstockacademy.org) 给医务室主任 Bobbie-Jo Saucier。

|                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Has the student, family member or anyone in your household travelled outside the US or outside of their home country in the past 2 weeks (14 days)<br>学生、家庭成员或您家中的任何人在过去 2 周（14 天）内是否在美国境外或在其祖国境外旅行<br><br>IF YES, WHERE _____<br>若有，请详述旅行国家/区域 |     |    |
| Has the student, family member or anyone in the household tested positive for Covid-19?<br>学生、家庭成员或家庭中的任何人是否对新冠测试呈阳性?<br>If yes, when 若有，何时 _____<br>Was (+) Covid case confirmed with testing?<br>测试后是否为新冠确诊个案？                                |     |    |

|                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Date and Type of Testing completed 测试的日期和类型: _____                                                                                                                                                                                                                                                                                                                                           |  |  |
| <p>In the past <b>2 weeks (14 days)</b> has the student, parent or anyone in your household had contact with any person <b>suspected to have contracted coronavirus (COVID-19)</b>?</p> <p>在过去 2 周(14 天)内，学生、父母或家中的任何人是否与确诊感染冠状病毒（新冠）的患者有过接触？</p> <p>Including being <b>tested</b> for COVID-19, &amp; being in <b>self isolation</b> for COVID-19</p> <p>包括针对已经进行新冠测试，以及针对新冠进行自我隔离的潜在患者</p> |  |  |
| <p>In the past <b>2 weeks (14 days)</b> has the student, parent or anyone in your household had contact with any person <b>confirmed to have contracted coronavirus (COVID-19)</b>?</p> <p>在过去 2 周(14 天)内，学生、父母或家中的任何人是否与确诊感染冠状病毒（新冠）的患者有过接触？</p>                                                                                                                                            |  |  |
| <p>Has the student, parent, or anyone in your household currently been exposed to someone <b>with flu-like symptoms (cough, shortness of breath or fever)</b></p> <p>学生、父母或您家庭中的任何人当前是否接触过流感症状(咳嗽、呼吸急促或发烧)的病人</p>                                                                                                                                                                            |  |  |
| <p><b>PLEASE CIRCLE IF SYMPTOMS ARE CURRENTLY BEING EXPERIENCED BY STUDENT OR PARENT/GUARDIAN TRAVELING TO CAMPUS WITH STUDENT:</b></p> <p>若学生暨同行前往学校的家长/监护人现在出现以下症状，请圈选</p>                                                                                                                                                                                                                 |  |  |
| <p>IN THE LAST 72 HOURS HAS THE STUDENT OR PARENT/GUARDIAN EXPERIENCED</p> <p>在过去 72 小时内，学生或家长/监护人是否有下述症状</p>                                                                                                                                                                                                                                                                                |  |  |
| <p>FEVER 发烧</p>                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <p>COUGHING 咳嗽</p>                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| <p>SORETHROAT 喉咙痛</p>                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <p>DIFFICULTY BREATHING, SHORTNESS OF BREATH OR WHEEZING 呼吸困难、呼吸急促、喘息</p>                                                                                                                                                                                                                                                                                                                    |  |  |
| <p>MUSCLE ACHES 肌肉疼痛</p>                                                                                                                                                                                                                                                                                                                                                                     |  |  |

|                                   |  |  |
|-----------------------------------|--|--|
| STOMACH PAINS 胃疼                  |  |  |
| VOMITING OR DIARRHEA 呕吐或腹泻        |  |  |
| PINK EYE/ RED EYES 结膜炎/ 或任何眼睛不适症状 |  |  |
| RASH 皮疹                           |  |  |
| FATIGUE OR FEELING UNWELL 疲劳或不适   |  |  |
| LOSS OF TASTE OR SMELL 丧失味觉/嗅觉    |  |  |
| HEADACHES 头疼                      |  |  |

**\*\*Please return this form to the Director of Health Services at  
bsaucier@woodstockacademy.org 2-3 days prior to travel/arrival to campus\*\***

**\*\* 请务必在你抵达学校的 2-3 天完成此份健康调查表，并寄送至电子邮件给医务室主任  
Bobbie-Jo Saucier 。**

By signing below, you certify that the answers above are true. You are also certifying that you are in good health and are providing reasonable assurance to The Woodstock Academy Health Office that your exposure to Covid-19 has been limited and that you have taken additional steps of self-monitoring and limiting non- essential travel 14 days prior to arrival to campus. 通过下面签名，以证明您上述的回复皆为属实。您不仅证明自己身体健康无虞，并向伍德斯托克学院健康医务室提供合理保证，您受到降低并减少接触新冠患者的机会，并且在到达校园之前，已采取其他自我监控措施并限制了 14 天的非必要旅行。

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

学生中英文全名签名

日期

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

家长签名

日期

**Thank you in advance for your support and understanding as we take additional precautions to keep our community safe.**

因确保社区安全所采取的预防措施，感谢您的配合和理解。

**WE LOOK FORWARD TO WELCOMING YOU BACK SOON!**

我们期待着您的返校！