

CPH Voluntary Questionnaire

High Risk for Severe Illness Due to COVID-19

The Utah State Board of Education is requiring all public schools in the state to create a process whereby school employees, students, and students' immediate family members are invited to self-identify as being at high risk for severe illness due to COVID-19. Completing this voluntary Questionnaire is the way in which such individuals who identify as being high risk can inform the school. Please note that upon request of the health department, the school may share information regarding the school's employees, students, and students' immediate family members who have identified as high risk.

High-risk individuals are those that fall within one or more of the categories listed below. **If any of the categories listed below apply to you, please check all applicable categories and return this form to the school's front office as soon as possible.** You may also contact the school if you feel extra support or accommodations are needed.

I am at high risk of severe illness due to COVID-19 because I:

- Am 65 years and older
- Live in a nursing home or long-term care facility
- Have lung disease
- Have moderate to severe asthma
- Have serious heart conditions
- Am immunocompromised. (Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications).
- Am severely obese
- Have diabetes
- Have chronic lung disease and am undergoing dialysis
- Have liver disease

Name of Individual who identifies as high risk

- Individual named above is a student of the school
- Individual named above is in a student's immediate family (relationship to student: _____)
- Individual named above is an employee of the school

By signing or typing my name in the applicable box below, I certify that the information I provided above is true to the best of my knowledge and I give permission to the school to share such information with the health department upon request.

For students or other individuals in the student's immediate family who identify as high risk:

Name of Parent/Guardian _____ Signature _____

For employees who identify as high risk:

Employee Signature _____