



School/ Child Care At Home Screening

Parents are to complete this form for their child

Date:

Employee or Child Name:

Assigned Class/Group:

Temperature:

Circle Y or N if you or your child is experiencing any of the following symptoms. Y – yes N – no

| | |
|--|-----|
| Cough | Y N |
| Shortness of breath or difficulty breathing | Y N |
| Chills | Y N |
| Muscle aches | Y N |
| Sore throat | Y N |
| New loss of taste or smell | Y N |
| Exposed to someone with COVID or with symptoms | Y N |

The child or employee may not attend school or child care if Y is circled or if their temperature is 100.4°F or higher.

Signature of employee or parent

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