



Child

Re-enter date

Does your child/youth have any of the following symptoms [on the first day for a new program or for a new child / youth, please ask about symptoms in the past 3 days (72 hours)]:

- 1) Does your child/youth have any of the following symptoms [on the first day for a new program or for a new child/youth, please ask about symptoms in the past 3 days (72 hours)]:
  - A cough
  - Shortness of breath or difficulty breathing
  - A fever of 100.4°F or higher or a sense of having a fever
  - A sore throat
  - Chills
  - New loss of taste or smell
  - Muscle or body aches
  - Nausea/vomiting/diarrhea
  - Congestion/running nose – not related to seasonal allergies
  - Unusual fatigue
- 2) Within the past 14 days, has your child been in close contact\* with anyone with a confirmed case of COVID-19?  
\*Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person.
- 3) Does anyone in your household have any of the above symptoms?
- 4) Has your child had a positive COVID-19 test for active virus in the past 10 days, or is your child awaiting results of a COVID-19 test due to possible exposure or symptoms and not through routine asymptomatic COVID-19 screening or surveillance testing?
- 5) Within the past 14 days, has a public health or medical professional told your child to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
- 6) Has your child/youth had any medication to reduce a fever before coming to care?

Parent/Guardian Signature

Date

