



School/Child Care At Home Screening

Parents are to complete this form for their child

Date:

Child Name:

Bus Route:

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
Congestion or stuffy nose	Y N
Nausea/vomiting	Y N
Chills/Muscle aches	Y N
Sore throat	Y N
New loss of taste or smell	Y N
Exposed to someone with COVID or being tested	Y N

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

Signature of parent _____



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