

COVID-19 SCREENING TOOL CHILDREN*

To protect everyone, including staff, we are asking that all parents or guardians complete the following questionnaire for your child and have child's temperature taken prior to admission to the building.

Child's Name: _____

Week of: _____

Temperature									
M	T	W	T	F					
Does your child have signs or symptoms of a respiratory infection, such as fever above 100, cough, shortness of breath, or sore throat? Circle response below:									
M	Y/N	T	Y/N	W	Y/N	T	Y/N	F	Y/N
In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19, or is ill with a respiratory illness?									
M	Y/N	T	Y/N	W	Y/N	T	Y/N	F	Y/N
In the last 14 days, did you travel internationally or to a U.S. community with community-based spread of COVID-19?									
M	Y/N	T	Y/N	W	Y/N	T	Y/N	F	Y/N
Parent Signature (1 st day of week):									
Initials:	T	W	T	F					

*Modified from NH Division of Public Health Services Visitor Screening Tool – LB 05-05-2020