# Daily Health Checks During COVID-19 Pandemic

Date _____ Name of Program _____

| Name of Child | Is the child exhibiting any signs of illness (fever, cough, shortness of breath, sore throat, myalgias, malaise and fatigue)? | Has the child been exposed to a person diagnosed with or showing signs of COVID-19 or other illness? | Has anyone in the child's immediate circle traveled out of state in the past 14 days? | Temperature taken at time of drop-off | | Initials of staff performing wellness check | Initials of parent/guardian at drop-off |
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