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