

Villa Divino Amore Preschool

COVID-19 DAILY SCREENING FORM – TO BE COMPLETED DAILY BY PARENTS

**CHILD'S
NAME:** _____

TEMPERATURE: _____

PLEASE INITIAL THAT EACH OF THE FOLLOWING STATEMENTS ARE **TRUE**.

My child is well and has had no symptoms of any illness in the past 48 hours.

My child has not had any medications in the past 48 hours that could potentially mask or minimize symptoms of illness.

NO member of my household has traveled internationally within the past 14 days to restricted countries or areas (Level 3). For updated information on restricted countries visit the CDC website at www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html.

My child has not had any direct contact with anyone currently being screened for COVID-19, under quarantine due to exposure of COVID-19, received a positive test results for COVID-19 or experiencing the identified symptoms of COVID-19 (ex. fever, cough, shortness of breath, etc.).

My child has not been in attendance at a large group, social gathering as defined by the most recent Orders of the Governor of CT in the last 14 days.

PARENT'S SIGNATURE

DATE

PICK-UP TIME

EMERGENCY PICK-UP PERSON FOR TODAY

PHONE NUMBER

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