



DAILY HEALTH SCREENING FORM

In order to promote the health and safety of our entire community, before entering Over The Moon Parenting’s Parent and Child Enrichment Center please take a moment and answer the following questions and sign this attestation form. If you answer “Yes” to questions below, you will not be allowed to enter the Center.

- Today or in the past 24 hours, have you or any household members had any of the following symptoms? Fever (temperature of 100.0°F or above) felt feverish, or had chills? **YES**___ **NO**___

TEMPERATURE TODAY____(you), ____ (your child)

- Have you or your child experienced any of the following symptoms: Cough, Sore throat, Difficulty breathing, Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Fatigue (fatigue alone will not exclude a child from participation), Headache, New loss of smell/taste, New muscle aches? **YES** ___ **NO**___ Have you or your child experienced any other signs of illness, and if so, what? _____
- In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?**YES**___ **NO**___
- In the past 14 days, have you or a member of your immediate family traveled to any areas considered currently to be a “hot spot”? **YES**___ **NO**___

YOUR PRINTED NAME _____

YOUR SIGNATURE _____

CHILD’S NAME _____

DATE _____



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