Child Health Check

Child Time INC.
Reggio Inspired Learning Centers

Date: _____ Staff Member conducting the health check:_____

Ask every parent: Has your child

Child's Name	Had a cough, sore throat, or shortness of breath?		traveled outside the country in the past 30 days?		come into contact with anyone that has tested positive for Covid-19?		been living with anyone who is not feeling well?		Child's temperature	Parent signature	Staff Initials
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
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	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			
	YES	NO	YES	NO	YES	NO	YES	NO			

If a family answers yes to any of the first 4 columns the child will not be allowed to attend. If a child registers a temperature above 99.5 the child will not be able to attend until fever free for 48 hours WITHOUT medication.