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### HEALTH CHECK AND EXPOSURE ASSESSMENT (CHILD)

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It is recommended that individuals are assessed for COVID-19 symptoms and potential exposure prior to entering the building or in an area that is separate from the main areas of the building. The individual conducting the assessment should ask the child all of the questions below when age and developmentally appropriate. The form should be completed with assistance from the individual returning a child to the agency whenever possible or by an employee of the agency.

Name:

Date:

Time:

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#### FEVER, COUGH, & SHORTNESS OF BREATH

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Do you have a fever?  Yes  No

Current Temperature:

*For children with a temperature but no other symptoms, isolation and monitoring should occur until 24 hours after the fever resolves without the use of fever reducing medication. Use of Personal Protective Equipment (PPE) is optional.*

Do you have a cough?  Yes  No *If yes, but cough is not accompanied by fever or shortness of breath, the individual is considered asymptomatic and permitted to work.*

Are you experiencing shortness of breath?  Yes  No

If yes, are you experiencing any of the following? (Check all that apply):  Persistent pain or pressure in the chest  
 New confusion or inability to arouse  Bluish lips or face

*If severe symptoms are present, consult public health, a nurse line, or obtain medical attention.*

Are you currently experiencing any other symptoms?  Yes  No

If yes, are you experiencing any of the following? (Check all that apply):  Chills  Sore throat  Headache  
 Muscle pain  Headache  New loss of taste or smell  Repeated shaking with chills

*If two of these symptoms are present, consult public health or a nurse line.*

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#### POTENTIAL COVID-19 EXPOSURE

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Have you been in close contact (within 6 feet) with others known to be ill, exhibiting symptoms such as fever, cough, or shortness of breath, or tested positive for COVID-19 within the past 14 days?  Yes  No

*If yes, the individual should practice good health and hygiene practices, be monitored, and adhere to social distancing standards (maintaining 6 feet of distance between themselves and others). Isolation is not necessary for asymptomatic individuals.*

Have you been tested for COVID-19?  Yes  NoIf yes, were results negative?  Yes  No

By signing below, I attest that the information provided above is accurate based on my observation of the child and knowledge of potential exposure.

Name of Individual Completing Assessment:

Signature: