



# COVID-19 pandemic: Health questionnaire & Screening Form

Name of child: .....

I, ....., understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. **I undertake to fully disclose the full state of me and my child's health and not to withhold any relevant information regarding it.**

By signing in, I declare daily that my child does not show any of the underneath COVID-19 symptoms or a temperature of 38°Celsius and higher.

**I confirm that my child is not presenting any of the following symptoms of COVID-19 listed below:**

		<i>Fever (record)</i>	Shortness of breath	Dry cough / Sore throat	Runny nose / weak or tired	Taste or Smell affected	I verify that I have not travelled to a high-risk country in the last 14 days	I verify that I have not had contact with anyone with confirmed COVID- 19 in the last 14 days	<b>SIGNATURE</b>
<b>Day:</b>	<b>Date:</b>	<i>(Office)</i>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	
Monday		<i>Morning</i>							
		<i>Afternoon</i>							
Tuesday		<i>Morning</i>							
		<i>Afternoon</i>							
Wednesday		<i>Morning</i>							
		<i>Afternoon</i>							
Thursday		<i>Morning</i>							
		<i>Afternoon</i>							
Friday		<i>Morning</i>							
		<i>Afternoon</i>							