

MONTESSORI CHILDREN'S HOUSE OF YORK, INC.
FORGOTTEN HEALTH CARD – DAILY HEALTH SCREENING

Student Name: _____ Temperature: _____ Time & date: _____

Within the past 24 hours, has your child experienced any of the following?

- | | | | |
|---------------------------------|----------|--|----------|
| 1. Persistent cough | Yes / No | 5. Fever, chills, shaking | Yes / No |
| 2. Difficulty breathing | Yes / No | 6. Vomiting or diarrhea | Yes / No |
| 3. Loss of sense of taste/smell | Yes / No | 7. A combination of minor symptoms (such | |
| 4. Sore throat | Yes / No | as muscle pain, headache, nausea) | Yes / No |

*Please keep your child home & contact your doctor for **any one** of the above numbers.*

Within the past 14 days, has your child had close contact with a known or suspected Covid-19 patient or travelled outside the local area? Please explain: _____

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- | | | | |
|----------------------------------|----------|---|----------|
| 8. Persistent cough | Yes / No | 12. Fever, chills, shaking | Yes / No |
| 9. Difficulty breathing | Yes / No | 13. Vomiting or diarrhea | Yes / No |
| 10. Loss of sense of taste/smell | Yes / No | 14. A combination of minor symptoms (such | |
| 11. Sore throat | Yes / No | as muscle pain, headache, nausea) | Yes / No |

*Please keep your child home & contact your doctor for **any one** of the above numbers.*

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Within the past 24 hours, has your child experienced any of the following?

- | | | | |
|----------------------------------|----------|---|----------|
| 15. Persistent cough | Yes / No | 19. Fever, chills, shaking | Yes / No |
| 16. Difficulty breathing | Yes / No | 20. Vomiting or diarrhea | Yes / No |
| 17. Loss of sense of taste/smell | Yes / No | 21. A combination of minor symptoms (such | |
| 18. Sore throat | Yes / No | as muscle pain, headache, nausea) | Yes / No |

*Please keep your child home & contact your doctor for **any one** of the above numbers.*

Within the past 14 days, has your child had close contact with a known or suspected Covid-19 patient or travelled outside the local area? Please explain: _____