

**Ask the following questions at AM drop off:**

Has your child, you, or anyone that your child has had close contact with had any of the following symptoms in the past 72 hours?

- 1. FEVER of 100.0 or higher**
- 2. COUGH**
- 3. SHORTNESS OF BREATH**
- 4. CHILLS OR REPEATED SHAKING WITH CHILLS**
- 5. NEW LOSS OF TASTE OR SMELL**
- 6. RASH**
- 7. DIARRHEA**
- 8. ASK THE QUESTION, HAS YOUR CHILD HAD CONTACT IN THE PAST TWO WEEKS WITH ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19? \_\_\_\_\_ IF SO, HOW RECENTLY? \_\_\_\_\_**

**COMMENTS/OBSERVATIONS:**

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