

Childcare COVID-19 Symptom Screening Tool

Name: _____ Date: _____ Temperature: _____

SYMPTOMS *This form can be filled out by a parent or teen at home

| HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS? | YES | NO |
|--|-----|----|
| COUGH | | |
| SHORTNESS OF BREATH OR DIFFICULTY BREATHING | | |
| FEVER OR CHILLS | | |
| MUSCLE OR BODY ACHES | | |
| SORE THROAT | | |
| HEADACHE | | |
| NAUSEA OR VOMITING | | |
| DIARRHEA | | |
| RUNNY NOSE OR STUFFY NOSE | | |
| FATIGUE | | |
| RECENT LOSS OF TASTE OR SMELL | | |

DO NOT ENTER THE FACILITY IF :

Your child has any ONE of the symptoms listed above and their symptom cannot be explained as another illness that's been documented by a healthcare provider.

- If your child has one (or more) symptom of COVID-19, keep them home, get them tested for COVID-19, and call their healthcare provider.

Your child has been in close contact with anyone with COVID-19, or a symptom of COVID-19, in the past 14 days.

- **Unvaccinated people** must follow testing and quarantine guidance posted at covid.ri.gov/whattodo
- **Vaccinated people** should be tested three to five days after exposure, even if you don't have any symptoms.

YOUR CHILD MAY ENTER THE FACILITY IF:

Your child does not have symptoms and has not been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days.

Your child had been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days and their quarantine or isolation period has ended.

- Learn more about quarantine and isolation at covid.ri.gov/whattodo
- Learn more about testing at covid.ri.gov/testing

9/14/2021