

Date: _____ Location: MID LAN TC
 Child: _____ Present Guardian: _____

YOU MUST PRESENT WITH A COMPLETED FORM AT THE ENTRY DOOR OF THE CLINIC

Q1. Since your last screening (or 10 days whichever occurred first), has anyone in your household been diagnosed positive for COVID?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES answer is given: Out 7 full days from date of onset of symptoms or test and household be symptom free.
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Q2. In the past 3 days, has your child or anyone in the household displayed any of the following symptoms not related to another health concern?

<u>CIRCLE THOSE THAT APPLY</u>	
*Fever > 100.4	*Sore Throat * Shortness of Breath
*Loss of Smell and/or Taste	*Diarrhea, vomiting or abdominal pain (<i>For Child Only</i>)
*New uncontrolled cough causing difficulty breathing (<i>a change from baseline for chronic allergic/asthmatic cough</i>)	
<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES answer is given: Out 7 full days out from date of onset of symptoms and household be symptom free.

Q3. In the last 3 full days, has your child traveled via plane?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES answer is given: Out 3 full days from date of return and any isolation or quarantine orders are lifted, and child is symptom free.
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Q4. Since your last screening, have you been **directly** notified by your child’s or any sibling’s SCHOOL or directly notified by any other COMMUNITY-BASED ENVIRONMENT to isolate or quarantine due to a direct exposure to:

- A potential case of COVID (waiting on test results for COVID)
- A confirmed case of COVID

<input type="checkbox"/> No <input type="checkbox"/> Yes	If YES answer is given: Out minimum 3 full days from date of exposure or any isolation or quarantine order is lifted, and household is symptom free
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In Office Temp Check	CHILD	PRESENT GUARDIAN
TEMP CHECK > 100.4 Degrees		
	T1: T2:	T1: T2:

If you answered “YES” to any question, your in-clinic session will be cancelled. Call the office and a Team Member will provide further information and guidance.