

**Tele-sessions may be available during quarantine/isolation periods –
Talk with your Admin Team. Continuity of treatment and no lapse of master schedule are vital.**

Date: _____ Location: MID LAN TC
 Child: _____ Vaccinated NOT Vaccinated
 Other Person(s) Entering the Building: _____

**YOU MUST PRESENT WITH A COMPLETED FORM AT THE ENTRY DOOR OF THE CLINIC
 EVERYONE entering the building must be represented in the answers below.**

Since your last screening (or in the last 7 days), has ANYONE present or ANYONE in the immediate household BEEN DIAGNOSED POSITIVE for COVID?	<p>CHILD or PERSON(s) PRESENT <input type="checkbox"/> No <input type="checkbox"/> Yes...If YES answer is given:</p> <ul style="list-style-type: none"> Out 5 full days from date of onset of symptoms or positive test AND household be symptom free. <p>HOUSEHOLD MEMBER(s) <input type="checkbox"/> No <input type="checkbox"/> Yes...If YES answer is given:</p> <ul style="list-style-type: none"> Vaccinated child can remain in clinic, must wear mask for 5 days from date of positive test. Non-Vaccinated child may TEST TO STAY (see below) in clinic, must wear mask for 5 days from date of positive test. <p>If your child is unable to wear a mask while in clinic, child will be out 5 full days from onset of symptoms or positive test AND household be symptom free.</p> <p style="background-color: yellow;">TEST TO STAY: Day # _____ Neg Test <input type="checkbox"/> Yes.....Parent Signature: _____</p>									
In the past 48 hours, has your CHILD OR ANYONE present displayed two (2) or more of the following severe symptoms, not related to another health concern?	<p style="background-color: yellow;">CIRCLE THOSE THAT APPLY</p> <table style="width: 100%; border: none;"> <tr> <td>*Fever > 100.4</td> <td>*Headache</td> <td>*Fatigue/Body Aches</td> </tr> <tr> <td>*Diarrhea, vomiting or abdominal pain (For Child Only)</td> <td>*Shortness of Breath</td> <td>*Sore Throat</td> </tr> <tr> <td>*New uncontrolled cough causing difficulty breathing (a change from baseline for chronic allergic/asthmatic cough)</td> <td></td> <td>*Loss of Smell and/or Taste</td> </tr> </table> <p>CHILD <input type="checkbox"/> No <input type="checkbox"/> Yes...If YES answer is given... (vaccinated OR unvaccinated):</p> <ul style="list-style-type: none"> <u>Test Option</u>: Child can return with a negative test and be 24 hours symptom free <u>No Test Option</u>: Child can return after 48 hours symptom free <p>PERSON(s) PRESENT <input type="checkbox"/> No <input type="checkbox"/> Yes... If YES answer is given:</p> <ul style="list-style-type: none"> You may NOT enter the clinic, you must wait outside during the appointment. Please wear mask when in the presence of others outside of the building. 	*Fever > 100.4	*Headache	*Fatigue/Body Aches	*Diarrhea, vomiting or abdominal pain (For Child Only)	*Shortness of Breath	*Sore Throat	*New uncontrolled cough causing difficulty breathing (a change from baseline for chronic allergic/asthmatic cough)		*Loss of Smell and/or Taste
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In the past 3 days, have you been <u>directly</u> notified by your child’s SCHOOL or other COMMUNITY-BASED ENVIRONMENT to isolate/quarantine due to a <u>direct</u> exposure to a POTENTIAL or CONFIRMED case of COVID?	<p>CHILD <input type="checkbox"/> No <input type="checkbox"/> Yes...If YES answer is given:</p> <ul style="list-style-type: none"> Vaccinated child can remain in clinic, must wear mask for 5 days from initial date of exposure. Non-Vaccinated child may TEST TO STAY (see below) in clinic, must wear mask for 5 days from initial date of exposure. <p>If your child is unable to wear a mask while in clinic, child will be out 5 full days from initial date of exposure AND be symptom free.</p> <p style="background-color: yellow;">TEST TO STAY: Day # _____ Neg Test <input type="checkbox"/> Yes.....Parent Signature: _____</p> <p style="text-align: center;">***Families must still follow any school protocols for your school re-entry***</p>									

If you answered “YES” to any question, call the office and a Team Member will provide further information and guidance.

TEST TO STAY PROTOCOL for a Non-Vaccinated Child	<ul style="list-style-type: none"> Exposure date is day zero. Test to be completed prior to entering the clinic for appointments on days 1-5. Test must be negative to enter. Child must be able to wear a mask while in-clinic for 5 days period.
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