



COVID-19 Child Health Screening Form

(Revised 8/13/20)

Program:

Person Completing Form:

Date:

Screen each child for COVID-19 symptoms before they start in care. Please inquire about any symptoms experienced since their last time in care.

Fill in an answer (y=yes, n=no) for each symptom for each child. If a child reports any new or change in usual symptoms, **send the child home AND:**

1. Document all symptoms of illness on your illness log.
2. Have them reach out to a health care provider about COVID-19 testing and next steps for treatment.
3. Follow CDPHE guidance for exclusion and returning to work <https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools>

Please contact Boulder County Public Health (BCPH) at HealthECECOVID@bouldercounty.org if you need further guidance.

Child Name	Fever 100.4°F or above	New or worsening cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell	Household member or close contact with COVID- 19 in the last 2 weeks?	Other Symptoms*
	Y N	Y N	Y N	Y N	Y N	Y N	Y N		

*COVID-19 symptoms include: fever or chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea