



Health Screening Questionnaire

As we all know, the coronavirus continues to spread, and according to multiple medical and public health authorities, will continue to do so for the foreseeable future. The safety of our employees, children, and families is paramount in this rapidly changing climate.

Based on current information provided by the Center for Disease Control (CDC) and the World Health Organization (WHO), this Childrens Lighthouse school is implementing a health screening process. This process is designed to: (1) reduce the risk of exposure to the school's employees, children, and families and (2) prevent the spread of the coronavirus (COVID-19). You may be asked to complete this form multiple times as we learn more about COVID-19 and assess its impact on our school. We thank you for your cooperation.

Parent/Guardian Name:		Child(ren)'s Name(s):	
# of persons in your household:	Phone Number:	Email Address:	

Statement of Self-Declaration

1. Have you or a family member experienced any symptoms of a respiratory infection in the last 14 days, such as fever of 100.4° or higher, cough, sore throat, or shortness of breath?
Yes No
2. Have you or a family member had contact with or cared for someone within the last 14 days who:
(a) Has been diagnosed with COVID-19 or has tested positive for coronavirus;
(b) Has been or is currently under observation for coronavirus symptoms or COVID-19; or
(c) Has been or is currently ill with a respiratory illness?
Yes No
3. Have you or a family member traveled within the last 14 days:
(a) Out of state (b) Out of the country; or (c) On a cruise?
Yes No If so, where: _____

If you have answered "Yes" to any of the preceding questions, access to our school may be denied for a period of 14 days, unless accompanied by a letter from a medical professional.

Parent/Guardian Signature

Date

Access to Childrens Lighthouse (circle one):

Approved

Denied

Director/Management Signature _____