

# 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](https://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](https://covid.ri.gov/whattodo)
- Learn more about testing at [covid.ri.gov/testing](https://covid.ri.gov/testing)

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