



TLC Day Care Covid-19 Health Screening

If you answer yes to any of the following questions,
your child may not stay at TLC but may return when safe to do so.
See guidelines for COVID-19 in our [Illness Policy](#).

Please Circle Your Response

1) Has anyone in your household had COVID-19 or have you had contact with anyone who has it in the last two weeks? YES NO

2) Has your child or any family member living in the same household shown symptoms of COVID-19 (Symptoms may include: cough, fever, shortness of breath, loss of taste or smell, diarrhea or rash on the face and body) in the last two weeks? YES NO

3) Have you or your child (or anyone in your household) been quarantined in the last two weeks due to exposure of COVID-19? YES NO

Child's name _____

Child's School _____

Child's Class _____

Date _____

I attest that the above information is accurate to the best of my knowledge.

Parent Signature _____