

# Child Development Schools

## Schools of Excellence

Please complete the following health assessment for your family and return a printed, signed, and dated copy to your school director. We may ask you to reaffirm this statement occasionally to update our records. At the time of return, please also ensure that the emergency contact information for your family is accurate.

1 - Someone in my family has been directly exposed to someone who has traveled to an area classified by the CDC as level 3 in the past 14 days. YES or NO (*China, South Korea, Iran, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City*)

2 - My child has been in direct contact with a person with a confirmed positive case of COVID 19. YES or NO

3 - My child or someone in my family has the following symptom - a fever of 100.4 or higher; difficult, labored breathing while at rest; dry cough (no mucus or expectorant produced) YES or NO

4 - My child or someone in my family has been recommended to self-quarantine YES or NO

If you have answered yes to any of the statements, we ask that you stay/return home with your family and recommend seeking the guidance of a health professional.

Name of child/ren:

---

---

---

---

---

Your Printed Name:

---

Your Signature and Date:

---