



SPRINGFIELD MONTESSORI SCHOOL

COVID SYMPTOMS CHECK FOR TRAVELING STAFF AND CHILDREN

Traveled To Location: _____

Dates of Travel: _____

Health Check (Please circle as appropriate):

- Have or do you or your child have a fever? **YES** **NO**

- Do you or your child have symptoms of a cough
or persistent cough? **YES** **NO**

- Are you or your child feeling shortness of breath? **YES** **NO**

- Do you or your child have pain/pressure in
the chest? **YES** **NO**

- Are any blue spots present on lips or body? **YES** **NO**

If any questions are answered yes, the staff member or child must stay home for 14 days and have none of the above symptoms before returning to school or work.

_____ (Print Name)

_____ (Signature) _____ (Date)

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