



SPRINGFIELD MONTESSORI SCHOOL

COVID SYMPTOMS CHECK FOR TRAVELING STAFF AND CHILDREN

Traveled To Location: _____

Dates of Travel: _____

Health Check (Please circle as appropriate):

- Have you or your child been exposed to anyone who has tested positive for COVID or been diagnosed with COVID symptoms in the past 5 days? **YES** **NO**
- Do you or your child have a fever over 100.4? **YES** **NO**
- Do you or your child have symptoms of a cough, runny nose or sore throat? **YES** **NO**
- Have you or your child experienced a loss of taste or smell? **YES** **NO**
- Have you or your child recently experienced shortness of breath or difficulty breathing? **YES** **NO**
- Do you or your child have pain/pressure in the chest? **YES** **NO**
- Do you or your child have 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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