



My child has seasonal allergies. This is documented with Nurse Chrissy. Today S/he has been experiencing: (circle all that apply)

cough

shortness of breath

fatigue

headache

sore throat

congestion

itchy watery eyes

sneezing

Mercy Montessori Daily Covid Health Check

All Caregivers of students, staff, volunteers, and visitors must complete this Daily COVID-19 Health Check each day. The successful completion of this form is required for entrance to our facility.

Name (for caregivers, please provide the name of the student):

Answer each of the following questions by circling “NO” or “YES”. Do not leave any of the three questions blank.

1. Have you been diagnosed with COVID-19 within the past 14 days?

NO / YES

2. Do you currently have, or have you recently had, symptoms of COVID-19 such as:

- fever (greater than 100.4)
- shortness of breath
- difficulty breathing
- chills
- repeated shaking with chills
- muscle pain
- headache
- sore throat
- new loss of taste or smell
- congestion or runny nose
- nausea or vomiting
- diarrhea

NO / YES

3. Have you had a recent potential exposure to COVID-19 such as:

- a household member or partner with COVID-19
- providing in-home care for a person COVID-19 without using recommended infection control precautions
- close contact (less than 6 feet) with a person with COVID-19 for longer than a few minutes

NO / YES

If the answer to any of the above questions is “YES”, access to Mercy is not authorized unless and until all of Mercy’s Return to School COVID-19 Safety Guidelines are met **and** your return is approved by Mercy personnel.

Signature

Date

This form is required to be submitted daily to our COVID tracker. - Laura Hughes.

Forms are stored securely and treated confidentially
in accordance with all applicable laws.