



MERCY  
MONTESSORI

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):

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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.**