

## Health Assessment Form

In response to the COVID-19 pandemic, we are taking increased precautions to lessen the spread of the virus while providing quality support and services to children and families. To protect the health and well-being of the children and families in our care, along with our providers, we have implemented this daily health assessment screening form to be used prior to each in-person session to determine if we can proceed. As an alternate, virtual services may be provided if the screening questions below indicate a risk of COVID-19 transmission.

Child's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

**Add service date (month/day) & circle/highlight answer**

Screening Questions						
Do you or anyone in your household have a temp of 100.4 or higher today?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
Does anyone in your household have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, or loss of taste/smell?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
Have you or has anyone in your household been in contact with anyone who has tested positive for COVID in the last 14 days? Are you waiting for a COVID test result?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES

Provider's name: \_\_\_\_\_

**Add service date (month/day) & circle/highlight answer**

Screening Questions						
Do you or anyone in your household have a temp of 100.4 or higher today?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
Do you or anyone in your household have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, or loss of taste/smell?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
Have you or has anyone in your household been in contact with anyone who has tested positive for COVID in the last 14 days? Are you waiting for a COVID test result?	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES



\*If any answers on a given date are YES, you cannot provide an in-person or in-home service that day per our guidelines. Please alert your program coordinator and shift to a virtual session with the family.

I attest that I have asked the family the above questions on the day of our session and that they are accurately recorded based on the parent's responses. I also attest that my responses are accurately reported above.

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date