



Hollis Preschool

PLAY - LEARN - GROW

Enriching children's lives for over 65 years

Hollis Preschool Daily Screening for Students

(Please circle your answer below)

Does your child have any of the following symptoms?

Temperature of 100.4 degrees or higher	Yes	No
Sore Throat	Yes	No
New uncontrolled cough	Yes	No
Significant nasal congestion	Yes	No
Difficulty Breathing	Yes	No
Flu like symptoms (body aches, fatigue, etc.)	Yes	No
New onset of severe headache	Yes	No
Loss of sense of taste or smell	Yes	No
Diarrhea, vomiting, or abdominal pain	Yes	No
Any other new or unexplained symptoms	Yes	No

Close Contact/Potential Exposure/Travel

Has your child had close contact (within 6ft for at least 15 minutes) with a person with suspected or confirmed COVID-19?	Yes	No
Has anyone in your household been exposed to a person with suspected and/or confirmed Covid-19?	Yes	No
Has your child traveled outside of New England (Vermont, Maine, Massachusetts, Connecticut, or Rhode Island)?	Yes	No

If you answered yes to any of the questions, your child should be excused from school. Please contact the school to discuss when it is safe to return.

Date:

Child's Name:

Signature: