Daily Health Check Record

Ask Parent:

* + Do you live with anyone or have you had close contact with anyone who has been diagnosed with COVID-19 within the past 14 days?
	+ Is your child currently medicated or taken any medication, prescription or OTC, within the past 24 hours?
	+ Have you or anyone in your household had a fever >100o, cough and/or shortness of breath in the past 24 hours?
	+ Do you or your child(ren) have any other signs of communicable illness such as a cold or flu?
	+ Have you traveled outside of Missouri in the past 14 days?

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| **Date** | **Exposure** | **Medication** | **Temp.** | **Cough** | **SOB** | **Other Illness** | **Travel** | **Parent Initials** | **Staff****Initials** |
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