

Screening Survey

Your Name:	Today's Date (mm/dd/yy):
Your Child(ren)'s Name(s):	
Have you travelled to any of the following regions within the last 14 days: China, Iran, South Korea, or Europe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you experiencing any of the following symptoms: fever, cough, or shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been in contact with a person who has been diagnosed with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

Thank you for filling out this survey. Please return this form to the Center Director via email, or call the center to discuss the results.

If you marked "Yes" to any of the questions above, then you are not permitted to enter Country Kids facilities until 14 days has passed from, wither . Additionally, you should contact your health care provider immediately and discuss the results of this survey with them.

We apologize for any inconvenience, but this precautionary measure is for the safety of all families at County Kids.

By typing my name below, I am attesting that the answers given above are true and correct.

Signature