Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID -19 Screening Questionnaire**

1. Occupation of the live in guardians? Are they essential staff working with confirmed COVID-19 patients or patients under investigation COVID-19 individuals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there any individuals coming in and out of the household (**how often**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has anyone in the household **traveled outside** the **United States** or **another State** within the last **30 days**?

\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country/State**

1. Has any household member had a known current exposure to COVID-19 **(within the last 2 weeks)?**

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No

1. Guardian agrees to send VDH record **daily** for review by the Childhelp team. \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

(**Send To:** Cindy Seidel - cseidel@Childhelp.org or Fax 540-399-1052)

**My signature confirms that the above answers are true and accurate.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing this form Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**We are committed to keeping the Village safe and virus-free.  Thank you for your cooperation with these protective measures. We will coordinate admissions in a way to keep everyone safe and healthy.**