



Brush Creek Montessori School Pre-Attendance Health Screen

Child's Name: _____

WEEK: _____

In an effort to minimize the risk of illness at BCMS, we ask that you check on the health of your child beginning 14 days prior to your child joining the program, and continuing every day while they are part of the BCMS community. Please complete this form and bring to your child's teacher on the **first day your child attends, and the first day of every week for the remainder of the school year**. We appreciate your help in keeping everyone healthy and safe.

Please indicate if your child has ANY of the following symptoms prior to school and check temperature daily. If any fever or other symptoms are present, please have your child evaluated by a licensed provider and contact the BCMS office for further guidance:

- cough
- shortness of breath/difficulty breathing
- fever (100.4 or above)
- chills
- muscle pain
- sore throat
- new loss of taste or smell
- nausea
- vomiting
- diarrhea

Please Initial

1. My child has not been in the vicinity of anyone with any of the listed symptoms or diagnosed with an active case of COVID-19 within the 14 days prior to the start of school. Initial_____
2. No one in our household has been sick in the 14 days prior to school. Initial_____
3. My child has not traveled by air or traveled out of state in the 14 days prior to school. Initial_____
4. My child has adhered to California and Sonoma County guidelines regarding COVID-19. Initial_____
5. My child has not had a fever or any of the symptoms listed in the 14 days prior to school. Initial_____

My signature indicates that we completed this health-screening daily for 14 days prior to attendance and to the best of our ability.

Parent Signature: _____ Date: _____