

DRAGONFLY ART STUDIO
DAILY COVID SCREENING

Questions to be completed daily by a parent/guardian.

Child should remain at home if any of the responses are YES. For the purpose of saving paper, PLEASE read this list each morning and when you arrive you will be asked to sign in with your child's name, your signature and verification that all the answers are NO. Thank-you!

YES or NO, since your last day of Camp has your child had any of the following symptoms?	YES	NO
Feeling feverish and/or having chills-documented temperature of 100.4 degrees F or higher?		
Has there been any use of fever reducing medication within the last 24 hours?		
A new cough that is not due to another health condition?		
Nasal congestion or runny nose?		
New shortness of breath or difficulty breathing that is not due to another health condition?		
New chills that are not do to another health condition?		
A new sore throat that is not due to another health condition?		
New muscle aches that are not due to another health condition, or that may have been caused by a specific activity (such as physical exercise)?		
Fatigue (more tired than usual)?		
Headache?		
A new loss of taste or smell?		
Abdominal pain, diarrhea, nausea or vomiting?		
New onset of poor appetite or poor feeding?		
Has your child or anyone in your family had a positive test for the virus that causes COVID-19 disease within the past 10 days?		
Was your child or anyone in the family currently tested for COVID-19 because of sickness and are still waiting for the lab results?		
In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected Or confirmed COVID-19, and are not fully vaccinated within the last 3 months (i.e., full vaccination is when you are 14 days or more after receipt of the second dose in a 2-dose series, or 14 days or more following receipt of one dose of a single-dose vaccine).		